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SAN FRANCISCO GENERAL HOSPITAL

MENTAL HEALTH SKILLED NURSING FACILITY

Environmental Impact Report

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Draft EIR Publication Date: March 23, 1990
Draft EIR Public Hearing Date: April 26, 1990
Draft EIR Public Comment Period: March 23, 1990 to April 26, 1990

Written comments should be sent to The Environmental Review Officer
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DATE: March 23, 1990

TO: Distribution List for the San Francisco General Hospital Mental Health Skilled Nursing Facility Draft EIR

FROM: Barbara W. Sahm, Environmental Review Officer

SUBJECT: Request for the Final Environmental Impact Report for the San Francisco General Hospital Mental Health Skilled Nursing Facility

This is the Draft of the Environmental Impact Report (EIR) for the San Francisco General Hospital Mental Health Skilled Nursing Facility. A public hearing will be held on the adequacy and accuracy of this document on April 26, 1990. After the public hearing, our office will prepare and publish a document entitled "Summary of Comments and Responses" which will contain a summary of all relevant comments on this Draft EIR and our responses to those comments. It may also specify changes to this Draft EIR. Those who testify at the hearing on the Draft will automatically receive a copy of the Comments and Responses document along with a notice of the date reserved for certification (usually about nine weeks after the hearing on the draft); others may receive such copies and notice on request or by visiting our office. This Draft EIR, together with the Summary of Comments and Responses document, will be considered by the City Planning Commission at an advertised public meeting and certified as a Final EIR if deemed adequate.

After certification, we will modify the Draft EIR as specified by the Comments and Responses document and print both documents in a single publication called the Final Environmental Impact Report. The Final EIR will add no new information to the combination of the two documents except to reproduce the certification resolution. It will simply provide the information in one rather than two documents. Therefore, if you receive a copy of the Comments and Responses document, you will technically have a copy of the Final EIR.

We are aware that many people who receive the Draft EIR and Comments and Responses have no interest in receiving virtually the same information after the EIR has been certified. To avoid expending money and paper needlessly, we would like to send copies of the Final EIR to private individuals only if they request them.

If you want a copy of the Final EIR, please so indicate in the space provided on the next page and mail the request to the Office of Environmental Review within two weeks after certification of the EIR. Any private party not requesting a Final EIR by that time will not be mailed a copy. Public agencies on the distribution list will automatically receive a copy of the Final EIR.

Thank you for your interest in this project.

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EIR AUTHORS AND CONSULTANTS; ORGANIZATIONS AND PERSONS CONSULTED

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INTRODUCTION

Two development programs, linked by their physical proximity and timelines, were originally proposed for the San Francisco General Hospital Medical Center (SFGHMC). The first, the Mental Health Skilled Nursing Facility, is analyzed in this EIR.

The second is development of the block bounded by 23rd and 24th Streets, Utah Street and San Bruno Avenue with residential, retail and garage uses, by a private developer. The Department of Public Health proposes, as part of that development program, parking facilities for the Mental Health Skilled Nursing Facility and the existing SFGHMC facilities on that block south of the SFGHMC, which is presently used as a Muni non-revenue[1] vehicle maintenance facility. The property has been chemically contaminated by leaking underground fuel tanks; development cannot proceed until the extent of this contamination is known and remedial measures have been identified and implemented. Therefore, plans for that parcel have been delayed; when those plans are reactivated separate environmental review will be undertaken. It is not known how many years will be required for site investigation and remediation, but these processes are expected to take a minimum of two years.

In the discussion of cumulative transportation impacts, beginning on page 65, this EIR analyzes potential garage development on the second parcel because there is an application for environmental review of that development. The analysis is therefore conservative because the application is inactive at the present time due to the circumstances noted above.

[1] Vehicles such as service trucks and sedans, not buses.

CHAPTER I. SUMMARY

I.A. PROJECT DESCRIPTION

The San Francisco Department of Public Health proposes to build a Mental Health Skilled Nursing Facility to provide sub-acute mental health services at San Francisco General Hospital Medical Center (SFGHMC). The project would replace out-of-county services which are less effective and more expensive than local services. Funding for the project would come from a $26 million bond issue approved by San Francisco voters on November 3, 1987.

The project would be built on approximately 160,000 square feet of the northernmost portion of the SFGHMC, between the Mission and Potrero Hill Districts of San Francisco. The site is generally bounded by Highway 101 on the east and Potrero Avenue on the west, between 20th and 21st Streets. The project site presently consists of paved parking lots and vacant land. No demolition of buildings would occur. The site is zoned P, Public Use, and is in a 105-E Height and Bulk District.[2]

The project would consist of two principal buildings with a total area of about 90,000 gross square feet (gsf), on two and three levels, around a central court. The maximum building height would be 40 feet. The buildings would be set back a minimum of 15 feet from Potrero Avenue. The site would be graded, particularly for parking at the southeastern corner. Vehicular access would be from Potrero Avenue or SFGHMC internal roadways. The main pedestrian entrance and vehicle drop-off area would be at the southern end of the project. The buildings would be connected to other SFGHMC buildings by a tunnel.

[2] In a 105-E Height and Bulk District buildings up to 105 feet tall, with maximum dimensions of 110 foot length and 140 foot diagonal above 65 feet, are permitted.

Two hundred and twenty existing surface parking spaces on the site would be lost with construction of the project. The project would include 131 parking spaces in a lot at the southern end of the site and 14 spaces in a lot at the north end, for a total of 145 spaces.

I.B. MAIN PROJECT IMPACTS

Land Use and Zoning (pages 47 to 49)

The site is in a P (Public Use) district and a 105-E Height and Bulk district. The project land use would be similar to other SFGHMC facilities. The height and bulk of the buildings would be transitional between the height and mass of existing SFGHMC buildings and the smaller buildings in the neighborhood adjacent to SFGHMC.

Urban Design and Visual Quality (pages 50 to 54)

Construction of the project would change the site from an unmaintained area, with parking lots, to development with the built, landscaped, institutional elements of SFGHMC. The use of a brick facade is intended to visually relate to nearby brick SFGHMC buildings. Street setbacks and landscaping would reduce the appearance of building bulk. The existing brick retaining wall with a wrought iron fence on top would be retained.

Historic, Architectural and Cultural Resources (pages 54 to 58)

There is no evidence that prehistoric or other archaeological remains exist on the site. A stone grotto on the site, built by the Sisters of Mercy in 1918, is the last remaining such meditation site out of many built in San Francisco by the Sisters of Mercy in the late 19th and early 20th centuries. It would be retained and rehabilitated.

Transportation (pages 58 to 80)

Construction of the project would eliminate 220 existing parking spaces on the site and would provide 145 parking spaces, an on-site reduction of 75 spaces. The 145 project parking spaces would provide 119 replacement parking spaces for those lost, and 26 parking spaces for project employees. In anticipation of the project, other lots at SFGHMC have been restriped to provide 101 new spaces to accommodate the remaining 101 displaced parking spaces.

The project would create a net new demand for about 98 weekday, daytime parking spaces, 75 spaces more than the Planning Code requirement of 23 spaces for the project. About twenty-six of these 98 parking spaces would be accommodated on-site. The remaining 72 spaces of demand would be accommodated on-street. This would increase the occupancy rate on the residential streets outside the hospital perimeter from the existing rate of about 84% to about 88%. The project would result in an increase of total SFGHMC, weekday parking demand by about 98 spaces as noted above, from about 1650 spaces to about 1748 spaces, a 6% increase. This number does not take into account the possibility that demand would be decreased by increased Transportation Systems Management (TSM)[3] implementation.

The EIR considers cumulative effects on parking of the project and a number of scenarios, including potential reduction of SFGHMC parking demand by more intensive implementation of the SFGH TSM, implementation of a Residential Permit Parking Program, construction of a medical research facility with parking in the project area, and eventual construction of a parking garage adjacent to SFGHMC (discussed on pages 65 to 75).

---

[3] TSMs are designed to decrease traffic and parking congestion by various means, including implementing flex time, shifting single occupant vehicle trips to carpools, transit, or other modes of transportation.

The project would generate about 282 net new person trip-ends per day and about 123 new peak hour trips. Of these about 77 trips would be by private vehicle and 36 trips by public transit.

The flow of traffic in the SFGHMC area is presently free flowing, with peak hour Level of Service (LOS) B[4] at Potrero Avenue and 23rd Street and LOS A at all other analyzed intersections. By 1995, the intersection of Potrero and 23rd Street would change to LOS C with or without the project. The cumulative impact on traffic flow with the project and future conditions with different cumulative scenarios is analyzed (page 65). Under one cumulative scenario, the LOS at Potrero Avenue and 23rd Street could change from B to D.

Biology (pages 80 to 82)

About ten mature trees along the Potrero Avenue site frontage would be transplanted or replaced on a one-for-one basis. Eucalyptus trees on the east side of the site, near the freeway, would be thinned and gradually replaced.

Construction Noise (pages 83 to 86)

Demolition of parking lots, excavation, and building construction would increase noise levels at SFGHMC and in the vicinity intermittently during the approximately 24-month construction period. Noise levels of up to 90 dBA would intermittently interfere with conversation and annoy outpatients and workers in Building 80/90, the nearest SFGHMC building, and residents across Potrero Avenue during this period.

---

[4] See Appendix B, page A-22, for definitions of Levels of Service.

I.C. MAIN MITIGATION MEASURES (pages 88 to 93)

Measures that would mitigate potentially significant environmental effects include the following measures proposed as part of the project:

Should evidence of cultural or historic artifacts of significance be found during project excavation, the Environmental Review Officer (ERO) and the President of the Landmarks Preservation Advisory Board would be notified immediately with confirmatory notification in writing. Any excavation which could damage such artifacts would be halted and a written record of cessation of excavation and the basis for this action would be provided to the ERO.

The cumulative impacts of project parking demand and the rest of the existing SFGHMC parking demand would be decreased by decreasing project and SFGHMC parking demand by encouraging car pooling and use of public transit.

Unpaved construction areas would be sprayed with water at least twice per day to reduce dust generation by about 50%; stockpiles of soil, sand, and other dusty materials would be covered; trucks hauling debris, soils, sand or other such material would be covered; and streets adjacent to demolition and construction sites would be swept at least once per day to reduce total suspended particulates (TSP) emissions.

The project contractor(s), under the supervision of the San Francisco Department of Public Health, Toxics and Safety Services, would have the site analyzed to determine levels of naturally-occurring asbestos present in the rock. During project construction, the contractor, under the supervision of the Department of Public Health, would implement measures to monitor and control, if necessary, airborne asbestos from serpentine rock if control or monitoring is determined by Toxics and Safety staff to be necessary based on the preliminary

analysis of the rock. The contractor(s) would be required to conform to all federal, state, and local regulations regarding natural asbestos removal. [CAROL:

I.D. ALTERNATIVES TO THE PROPOSED PROJECT (pages 95 to 105)

Alternative A: No Project

The No Project Alternative would entail no change to the site. SFGHMC would continue to use out-of-county mental health services. The site would remain surface parking lots and unmaintained area. This alternative would preserve the option to develop a similar or different type of building on the site, in the future.

Alternative B: A Different Location for the Skilled Nursing Facility

This alternative considers the project at a different location. Construction of the Skilled Nursing Facility at another site in San Francisco would require a larger facility to provide some necessary support services available to the project at SFGHMC, or less patient capacity because of this need for more storage, kitchen, and laboratory, facilities at an alternative site. Otherwise, a similar development at another location would result in some of the same, or similar impacts as described for the project. The effects of development would depend on the location chosen and cannot be accurately determined.

Alternative C: Skilled Nursing Facility with Underground Parking

This alternative would have two levels of parking underground and less surface parking than the proposed project, about 290 total spaces. Provision of parking underneath the Skilled Nursing Facility would include more parking than the project and involve more excavation, and increased related impacts, primarily regarding construction air quality, transportation and geology.

Alternative D: A Smaller Skilled Nursing Facility

This alternative would be a 125-bed facility. A smaller Skilled Nursing Facility would provide for the needs of some patients and require care of other patients at out-of-county facilities. Alternative D would have fewer construction and parking impacts than the proposed project and would result in more vehicle miles travelled than the proposed project and less vehicular travel than at present.

Alternative E: No Tunnel Alternative with On-Site Loading

Under this Alternative, the tunnel from the Skilled Nursing Facility to the rest of SFGHMC would not be included. The lack of a tunnel would require loading facilities on-site at the Skilled Nursing Facility. There would be relatively fewer trips between the project and the rest of SFGHMC by personnel and patients, because the project would be more self-sufficient.

Provision of a single space loading dock and associated truck maneuvering space on-site would necessitate relocation of about 17 parking spaces provided with the project; these spaces would be provided elsewhere on the project site.

Alternative F. Demolition of the Grotto

In this Alternative, a meditation grotto, built in 1918, between the southern Skilled Nursing Facility building and Potrero Avenue, would be demolished. This alternative would demolish the last remaining grotto built in San Francisco in the early 1900's by the Sisters of Mercy.

CHAPTER II. PROJECT DESCRIPTION

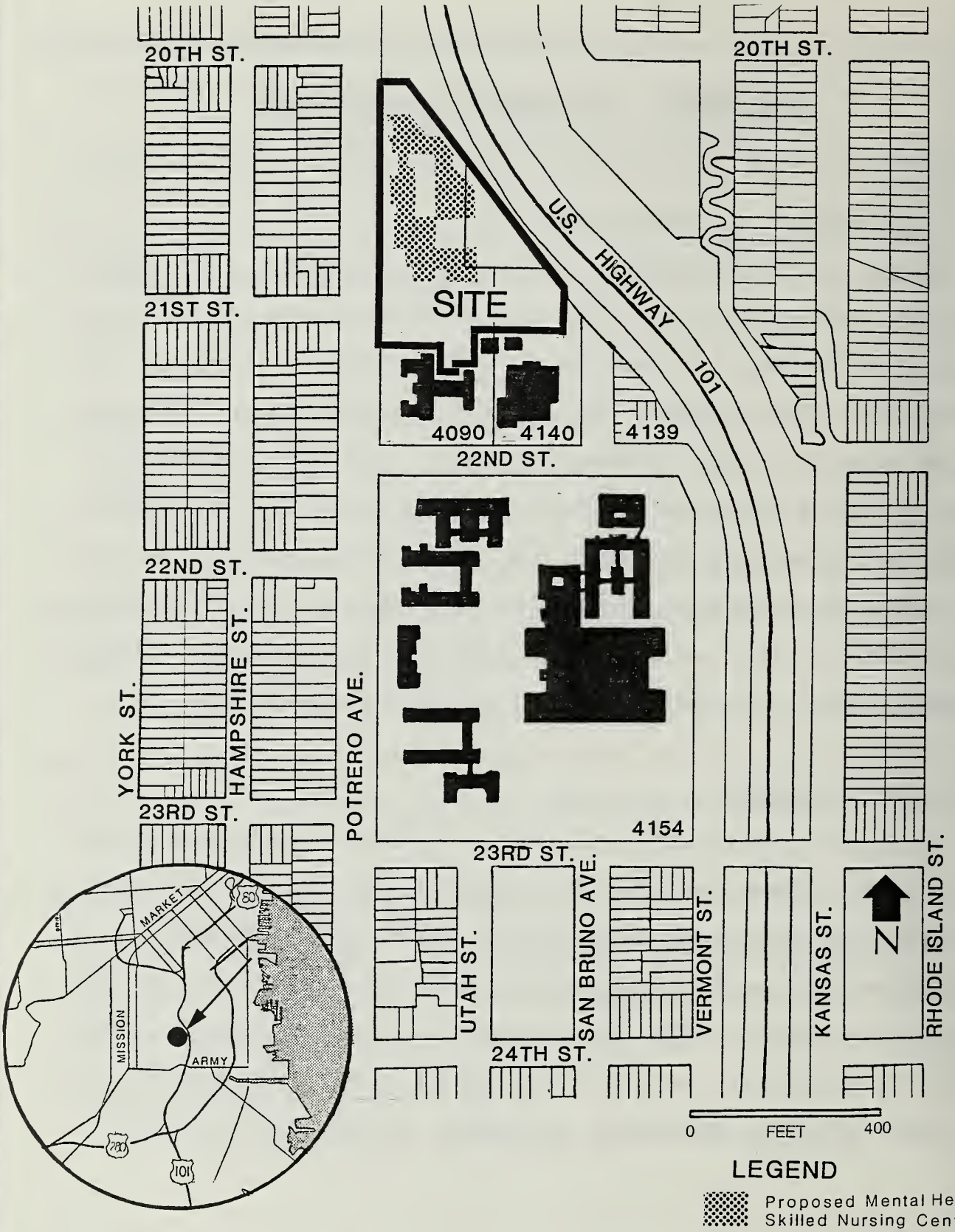
II.A. OBJECTIVES OF THE PROJECT SPONSOR

The San Francisco Department of Public Health proposes to build a Mental Health Skilled Nursing Facility to provide sub-acute mental health services locally at San Francisco General Hospital Medical Center (SFGHMC). The project would replace out-of-county services. The Skilled Nursing Facility at SFGHMC would provide sub-acute services, between acute hospital care and non-institutional care. Funding for the project would come from a $26 million bond issue approved by San Francisco voters on November 3, 1987. The project would provide services for three types of patients: patients who have not been successfully placed in the community, older adolescents, and adult patients requiring a prolonged treatment program. The project architect is Kaplan/McLaughlin/Diaz.

II.B. PROJECT LOCATION

The approximately 160,000 sq.ft.[5] site is located on the northernmost portion of the SFGHMC, between the Mission and Potrero Hill Districts of San Francisco. The site is generally bounded by Highway 101 to the north and east, SFGHMC building 80/90 to the south, and Potrero Avenue between 20th and 21st Streets to the west (see Figure 1, page 10). The site occupies part of lot 2 in Assessor's Block 4090. The project site consists of paved parking lots, a meditation grotto, and vacant areas with unmaintained landscaping. No buildings exist on site;

[5] The site includes 21,275 sq. ft. of property proposed to be transferred to the Health Department by the San Francisco Recreation and Park Department (see page 19, and Figure 8, page 22).



SFGH Mental Health Skilled Nursing Facility
Figure 1. Project Site Location

SOURCE: Bendix Environmetal Research, Inc.

thus, no demolition of buildings would be required. The site is in a P (Public Use) district. The 105-E Height and Bulk District allows a maximum height of 105 feet.[6]

II.C. PROJECT DESCRIPTION

The Skilled Nursing Facility would have two principal buildings with a total area of about 90,000 gross square feet (gsf), on two and three levels (maximum height 40 ft.), around a central court. The built area would be about 41,000 sq.ft. with about 26,000 sq.ft. of outdoor activity space (enclosed by outside building walls and landscaped garden walls), about 50,000 sq.ft. of parking area, and about 43,000 sq.ft. of landscaped open space. The net changes on site due to the project would be a decrease of 75 parking spaces, and a net increase for the other uses, which would be new to the site. The site would be graded, particularly to provide the parking for the project. Excavation for the project foundation would be a maximum of 12 ft. deep. No pile driving would be necessary.

A two-level, 31,000 sq.ft. building (the support building) would house an adolescent unit (with about 15 beds), a gymnasium, an activity/therapy area, a dining room and administration offices. A three-level, 59,000 sq.ft. building (the nursing building) would house adult units with a total of 170 beds and enclosed courtyards. There would be a total of 185 beds in the project. Project characteristics and proposed floor space areas are lists in Table 1, page 12. Site and floor plans, and elevations for the buildings are shown in Figures 2-7, pages 13-18. Buildings would be set back a minimum of 15 feet from Potrero Avenue and about 100 feet from Highway 101.

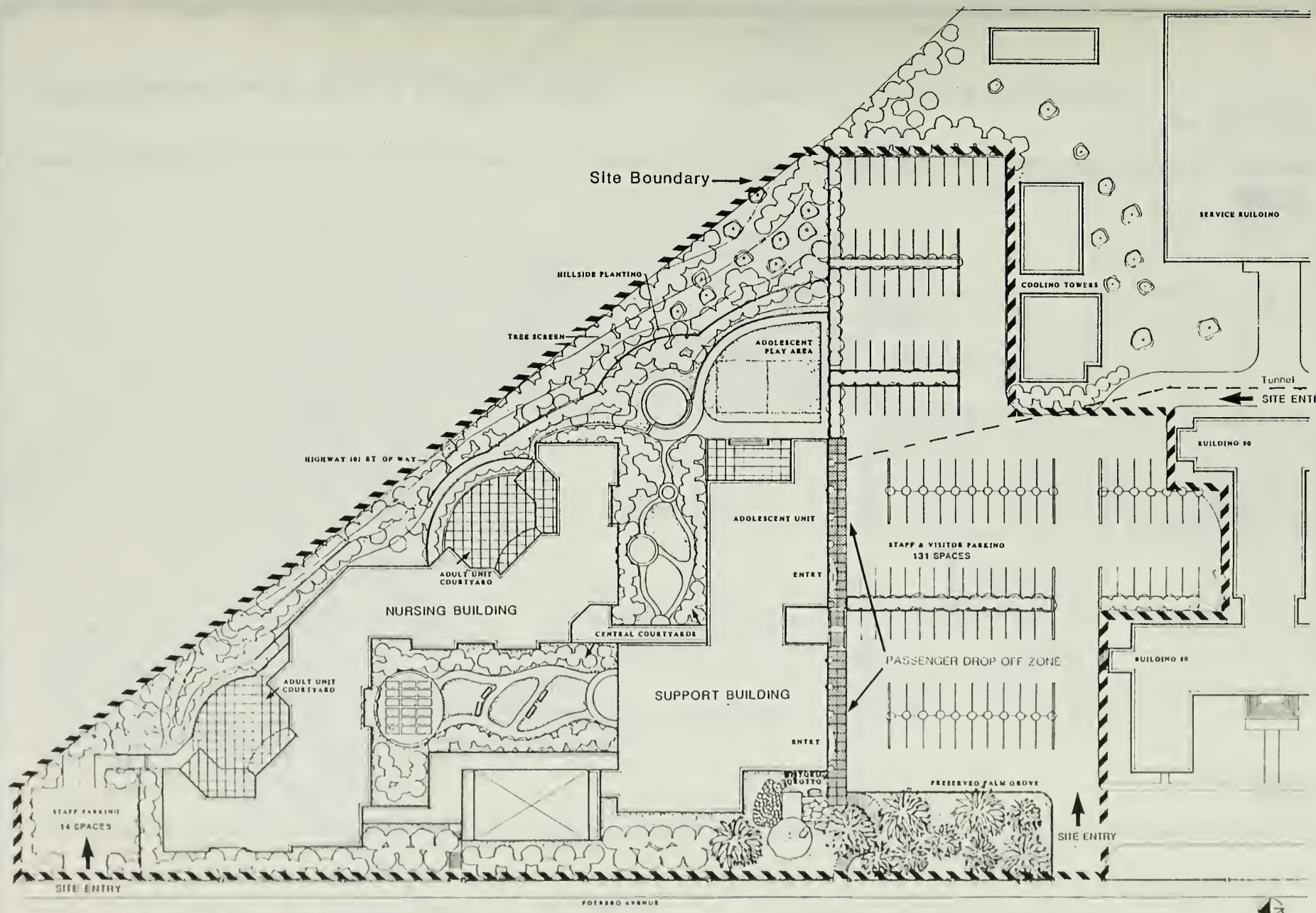
---

[6] Above 65 feet the maximum permitted length is 110 feet and the maximum permitted diagonal is 140 feet. Planning Code §270.

Table 1. Project Characteristics

NEW CONSTRUCTION	No. of Floors	Square Feet	Height in Feet
Nursing Building	3 floors		40
Difficult Behaviors (1 & 2-bed rms.)		18,800	
Open Living (1 & 2-bed rms.)		40,600	
	SUB-TOTAL	59,400	
Licensed Beds: 170			
Support Building	2 floors		26
Adolescent Unit (1 & 2-bed rms.)		6,400	
Treatment Services (Gym/Exercise Area and Therapy Areas)		7,400	
Administrative Services (Admitting, Administration, and Medical Records)		6,000	
General Services (Dietary Services, Mechanical and Support)		10,800	
SUB-TOTAL		30,600	
Licensed Beds: 15			
TOTAL BLDG. SQ.FT.		90,000	
Total Licensed Beds: 185			
OPEN SPACE			
Open Space and Enclosed Activities Area		69,000	
PARKING LOT	145 spaces	50,000	

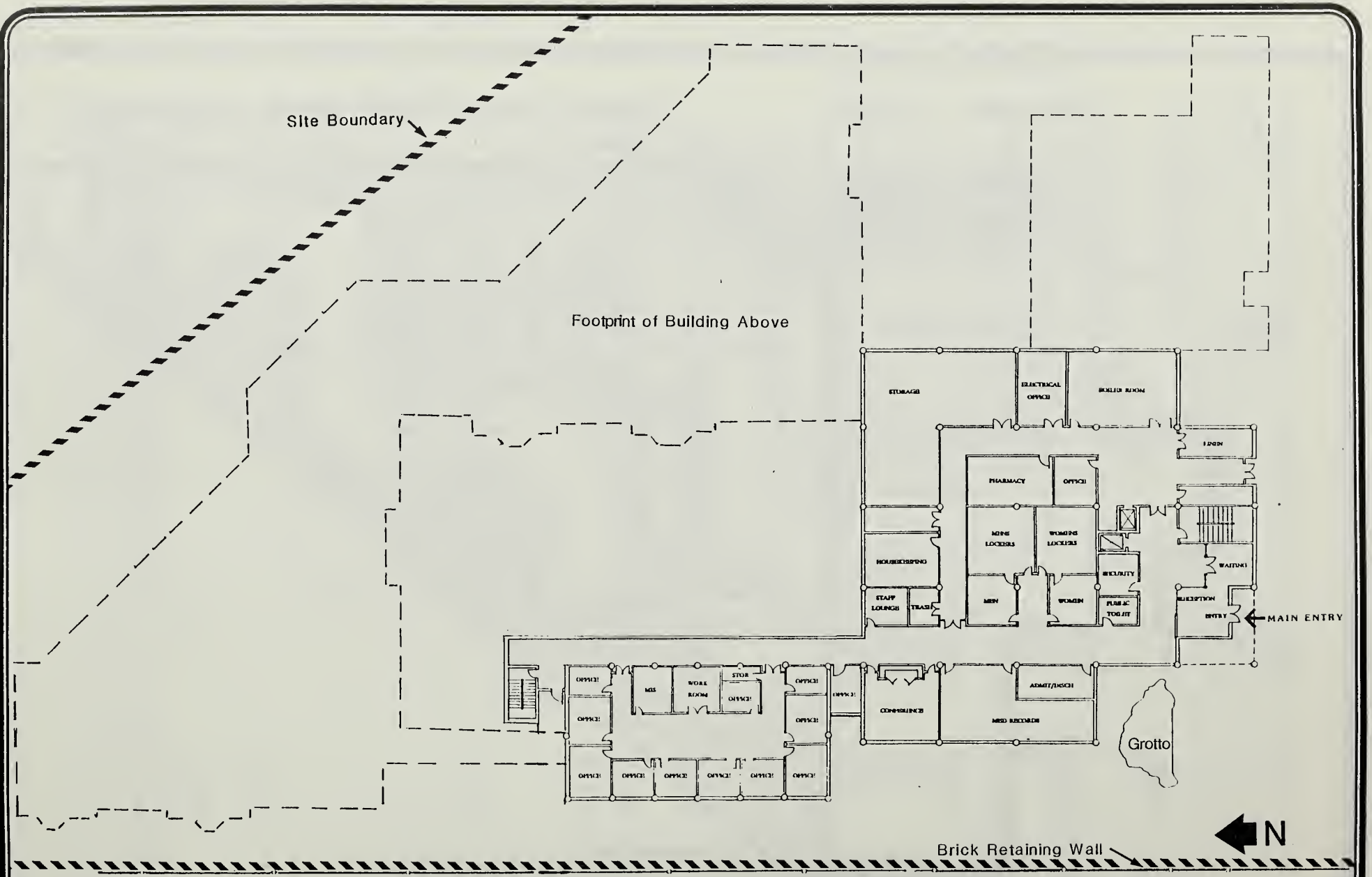
Source: Kaplan/McLaughlin/Diaz, *Department Space Summary Report, San Francisco Mental Health Skilled Nursing Center*, June 23, 1989, SFGHMC, height study drawings, January 16, 1990, and Bendix Environmental Research, Inc. The latter are available for review at the Department of City Planning, 450 McAllister Street, San Francisco.



SFGH Mental Health Skilled Nursing Facility

Figure 2. Site Plan

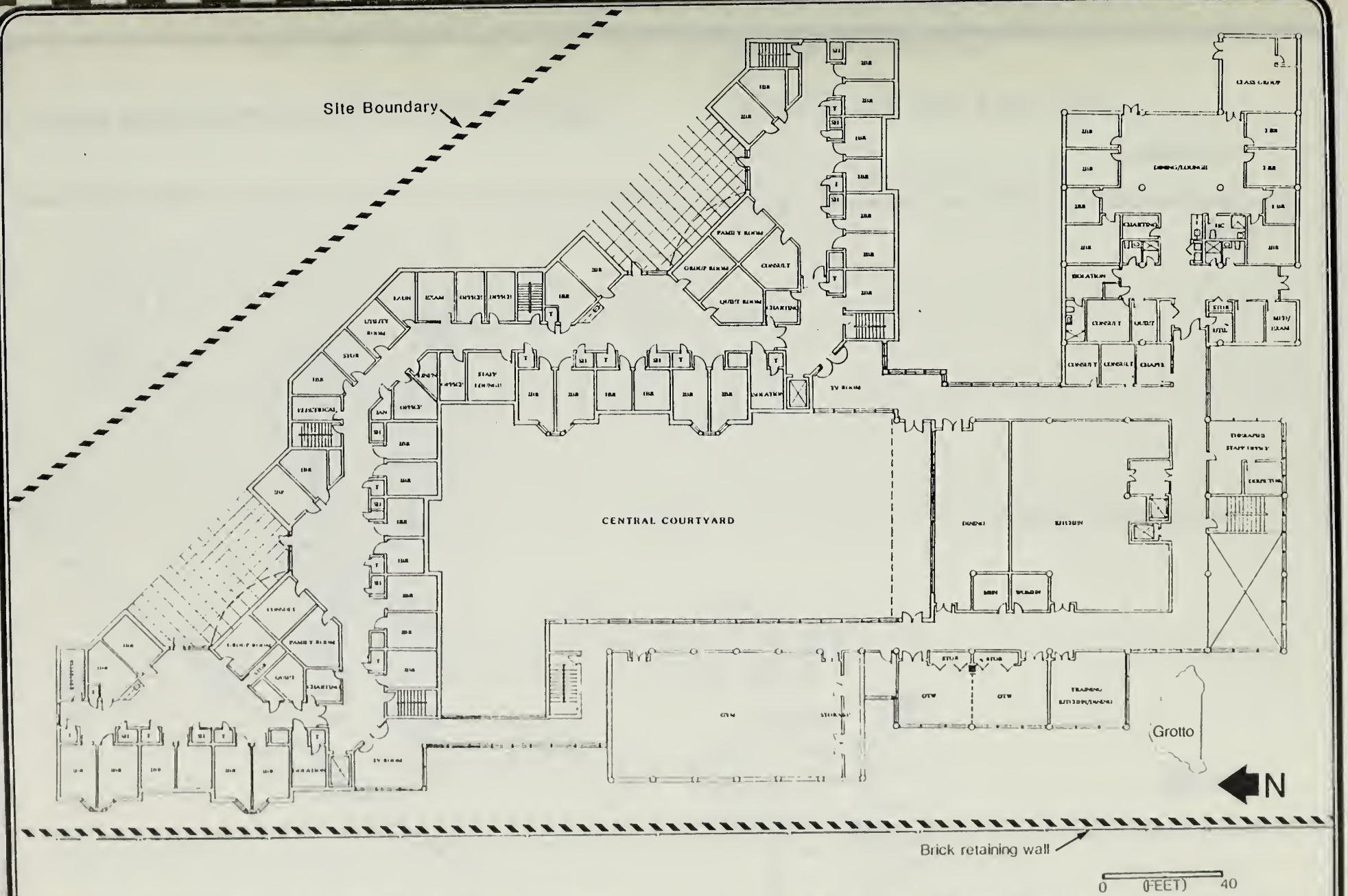
SOURCE: Kaplan McLaughlin Diaz



SFGH Mental Health Skilled Nursing Facility

Figure 3. Ground Floor Plan

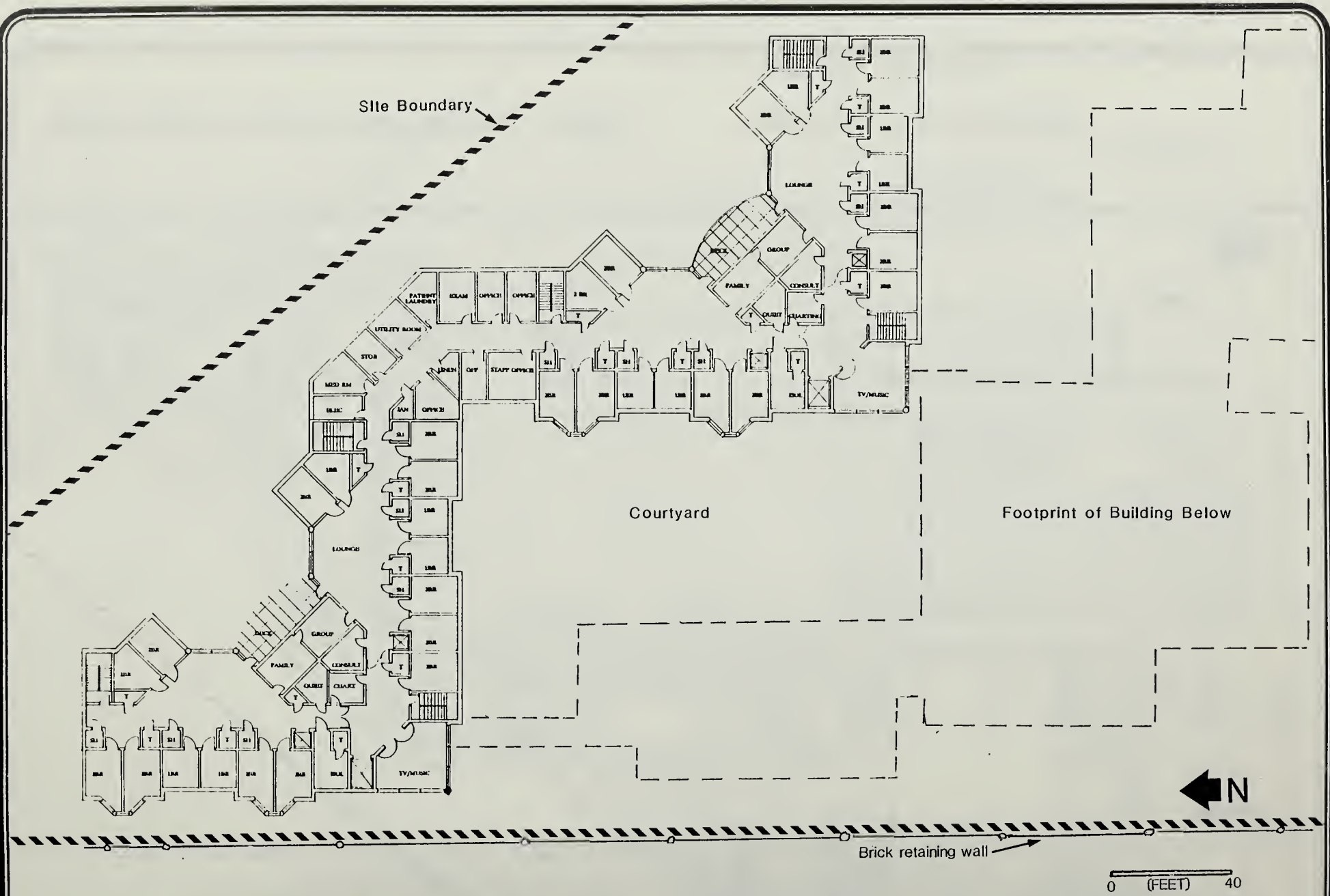
SOURCE: Kaplan, McLaughlin, Diaz



SFGH Mental Health Skilled Nursing Facility

Figure 4. First Floor Plan

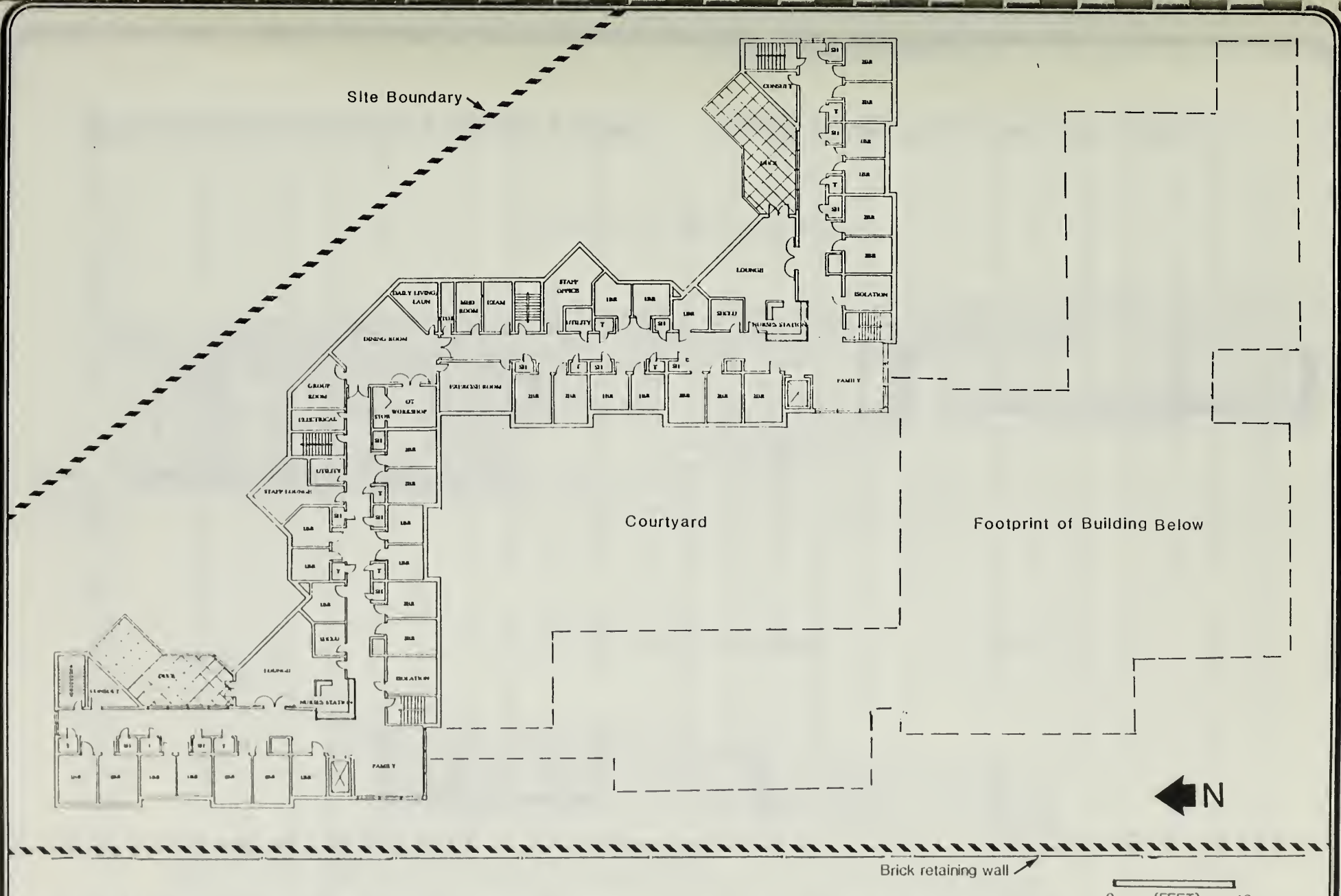
SOURCE: Kaplan, McLaughlin, Diaz



SFGH Mental Health Skilled Nursing Facility

Figure 5. Second Floor Plan

SOURCE: Kaplan, McLaughlin, Diaz

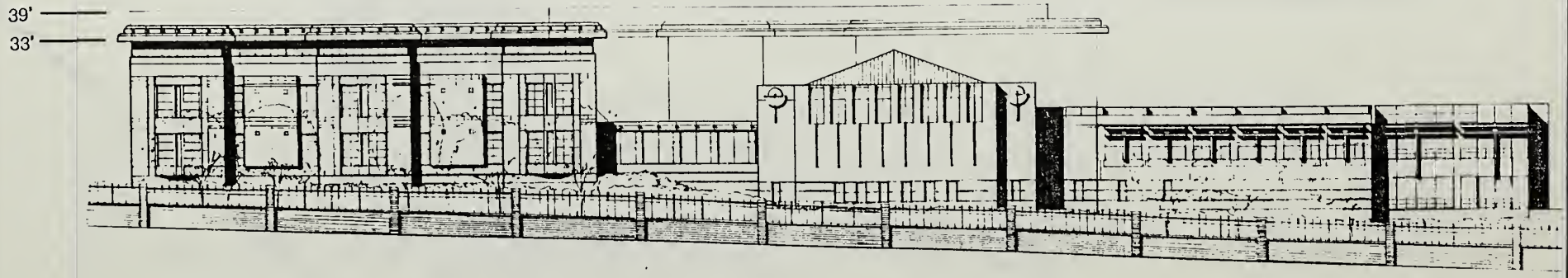


SFGH Mental Health Skilled Nursing Facility

Figure 6. Third Floor Plan

SOURCE: Kaplan, McLaughlin, Diaz

SOUTH ELEVATION AT ENTRY DRIVE



WEST ELEVATION ALONG POTRERO AVENUE

SFGH Mental Health Skilled Nursing Facility

Figure 7. South and West Elevations

SOURCE: Kaplan McLaughlin Diaz

The central courtyard, linking the nursing and support buildings, would be the primary outdoor space for the patients. It would be used for most outdoor activities, and the patients would pass through it to and from therapy, the dining hall and the gymnasium during the day. This courtyard would be shielded from the neighborhood and it would receive direct sunlight most of the time because the buildings surrounding the open space would be relatively low: the gymnasium and the support building to the west and south would be two stories high, and the building to the east would be three stories tall.

The two smaller, adult unit courtyards on the north side of the nursing building would provide private and quiet spaces abutting a wooded area. These courtyards would be on three levels. The third level would receive direct sunlight most of the time.[7] It is expected that the patients would primarily use these courtyards during breaks between activities and in the evenings.

An underground tunnel from the SFGHMC outpatient services building (Building 90) to the new Skilled Nursing Facility would connect the project to the existing hospital tunnel system (see Figure 2, page 13). The tunnel would provide access for personnel to and from the hospital kitchen, and for general supplies, and would also serve as a utility corridor. This tunnel would be about 12 ft. high and 13 ft. wide and would require open trench excavation from the surface for its construction. Excavation for the tunnel would be 16 ft. deep, generally running under the existing SFGHMC street between Building 90 and the Service Building and continuing diagonally beneath the proposed project parking area.

Vehicle access to the project would be from the existing internal north-south roadway off 22nd Street, south of the site, between Building 90 and the Service Building and from an existing vehicular exit off Potrero Avenue near

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[7] Miller, Marianne, Project Architect, Kaplan/McLaughlin/Diaz, telephone conversation with Melissa Duryea, Bendix Environmental Research, Inc., January 8, 1990.

21st Street (see Figure 2, page 13, and Figures 22 and 23, pages 72 and 73). There would be no loading docks at the project. (For discussion of an alternative without a tunnel and with on-site loading, see page 102.) Project supplies would be delivered at existing loading docks at the rear of the main hospital near Vermont and 22nd Streets (see Figure 22, page 72) and conveyed to the project by tunnel. The main pedestrian entrance and vehicle pick-up/drop-off area would be at the southern end of the project (see Figure 2, page 13). No expansion of existing service staff or facilities at SFGHMC would be required to serve the new project.

There would be 131 spaces in a parking lot at the southern end of the site, adjacent to the project, and 14 spaces in a lot at the north end, for a total of 145 spaces (see Figure 23, page 73). Two hundred and twenty existing surface parking spaces on the site would be eliminated.

The exterior of the project buildings would include rusticated, multi-colored brick tiles resembling the brick of existing SFGHMC buildings such as Building 80/90; patina colored metal panels on the bay windows to resemble the copper detailing on Building 80/90; granite or ceramic tile banding intended to pick up the light colored concrete details on Building 80/90; metal roofing, and concrete.[8]

II.D. PROJECT APPROVALS, SCHEDULE AND COSTS

II.D.1. Project Approval Process

Institutions such as SFGHMC are required to present an Institutional Master Plan (IMP) to the City Planning Commission pursuant to Planning Code § 304.5. The SFGHMC IMP was revised in 1987 and the Planning Commission held a public

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[8] Miller, Marianne, Project Architect, Kaplan/McLaughlin/Diaz, telephone conversation with Melissa Duryea, Bendix Environmental Research, Inc., February 16, 1990.

hearing on this revised IMP on July 21, 1988. A minimum of six months must pass between the Planning Commission hearing on the IMP and Planning Commission action to approve any project implementing the IMP.

Funding for the capital costs of the Skilled Nursing Facility was approved by City voters in 1987. Following a public hearing on this Draft EIR before the City Planning Commission, responses to written and oral comments will be prepared. The EIR will then be revised accordingly and presented to the City Planning Commission for certification as to accuracy, objectivity and completeness. No permits may be issued before the Final EIR is certified.

After EIR certification by the Planning Commission, the City Health Commission would formally approve the project and transmit a request for appropriation of funds for construction of the project to the Board of Supervisors. Following appropriation of funds by the Board of Supervisors, the project sponsor must obtain grading and excavation, building and related permits from the Bureau of Building Inspection of the Department of Public Works. The project would also require a building permit from the Office of Statewide Health Planning and Development.

The site includes about 21,300 sq. ft. of property to be transferred to the Health Department from the San Francisco Recreation and Park Department (see Figure 8, page 24). The Recreation and Park Commission has indicated its intent to make this transfer, by Resolution No. 15428, dated July 20, 1989. This resolution is available for public review at the Department of City Planning, 450 McAllister St., San Francisco. Completion of the transfer requires votes by the Recreation and Parks Commission and the Board of Supervisors. Transfer of the Recreation and Parks Department parcel to the Health Department, in and of itself, does not require environmental review because it is an intra-city transfer. This action may take place before certification of the EIR.

II.D.2. Project Schedule and Costs

The project sponsor expects environmental review, project review and detailed design to be completed in mid-1990. If the project were approved and building permits issued, site preparation and construction would take seven to ten months, with interior finishing thereafter. Initial occupancy is anticipated about 18 to 22 months from the start of construction.

Estimated construction cost of the project would be about $23 million (1989 dollars), including site clearance, excavation, building shell and interior improvements.

CHAPTER III. ENVIRONMENTAL SETTING

III.A. LAND USE AND ZONING

III.A.1. Land Use

The Mental Health Skilled Nursing Facility development site is on the northernmost portion of the San Francisco General Hospital Medical Center (SFGHMC) campus. The development site is bounded by Highway 101 on the north and east, existing SFGHMC building 80/90 on the south, and Potrero Avenue between 20th and 21st Streets on the west (see Figure 1, page 10). Existing SFGHMC buildings are immediately south of the Skilled Nursing Facility development site.

SFGHMC is an acute care city/county hospital licensed for 582 beds. It provides health care services to San Franciscans, including indigents and low income persons. Through its affiliation with the University of California at San Francisco (UCSF), it is a teaching hospital. UCSF provides all of the physician staff at SFGHMC. The hospital has had a strong institutional presence in the area since its relocation from Stockton Street to the present Potrero Avenue site in 1872. SFGHMC occupies two city blocks at the boundary of the Mission and Potrero Hill Districts of San Francisco.

Land uses in the project vicinity are shown in Figure 8, page 24. Property adjacent to the site to the west and to the east of the site on the other side of U.S. 101 is residential. South of the site are SFGHMC, housing and a San Francisco Public Utilities Commission maintenance facility. Further south, uses are predominantly residential with some neighborhood-serving retail uses.

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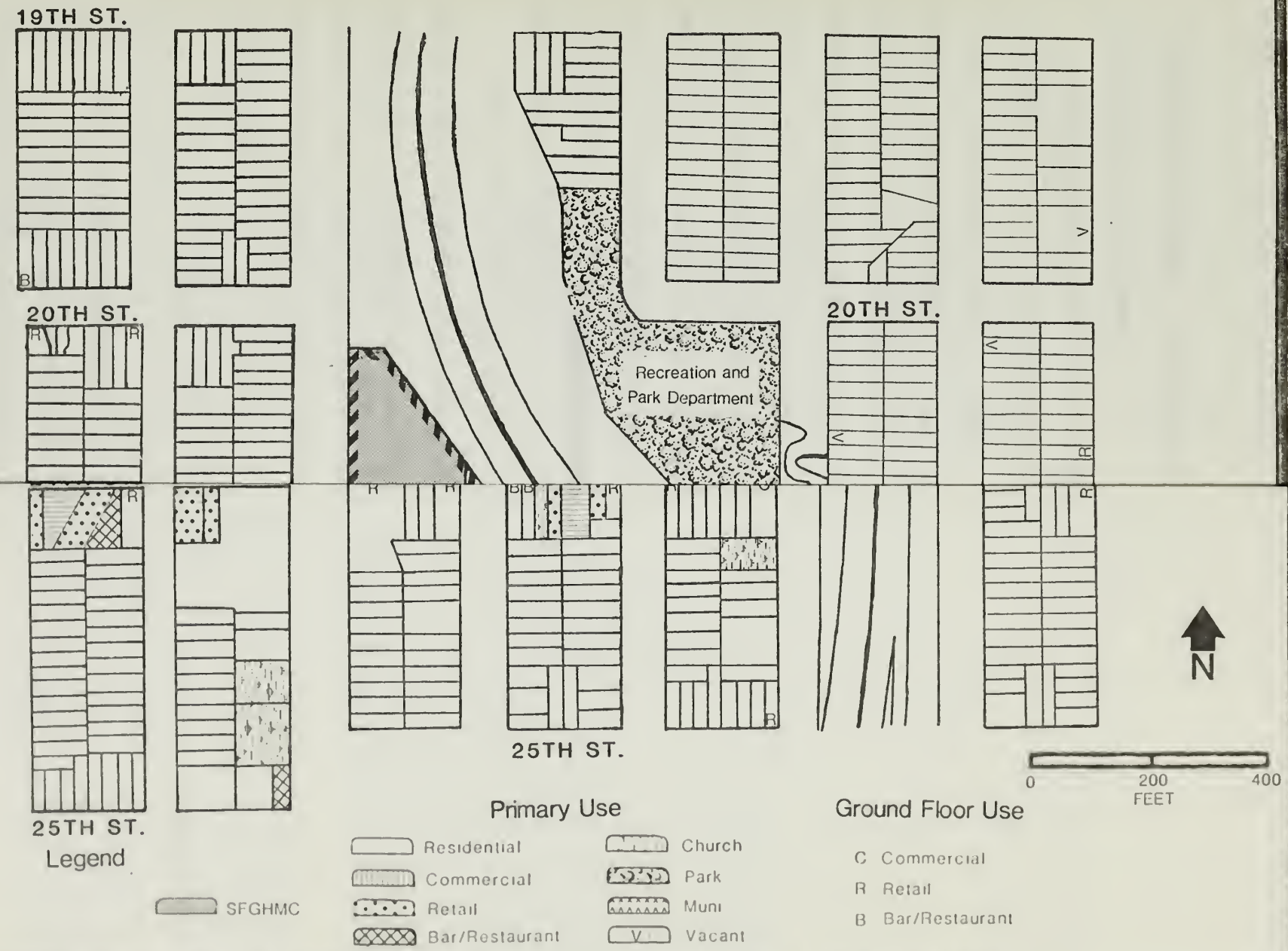
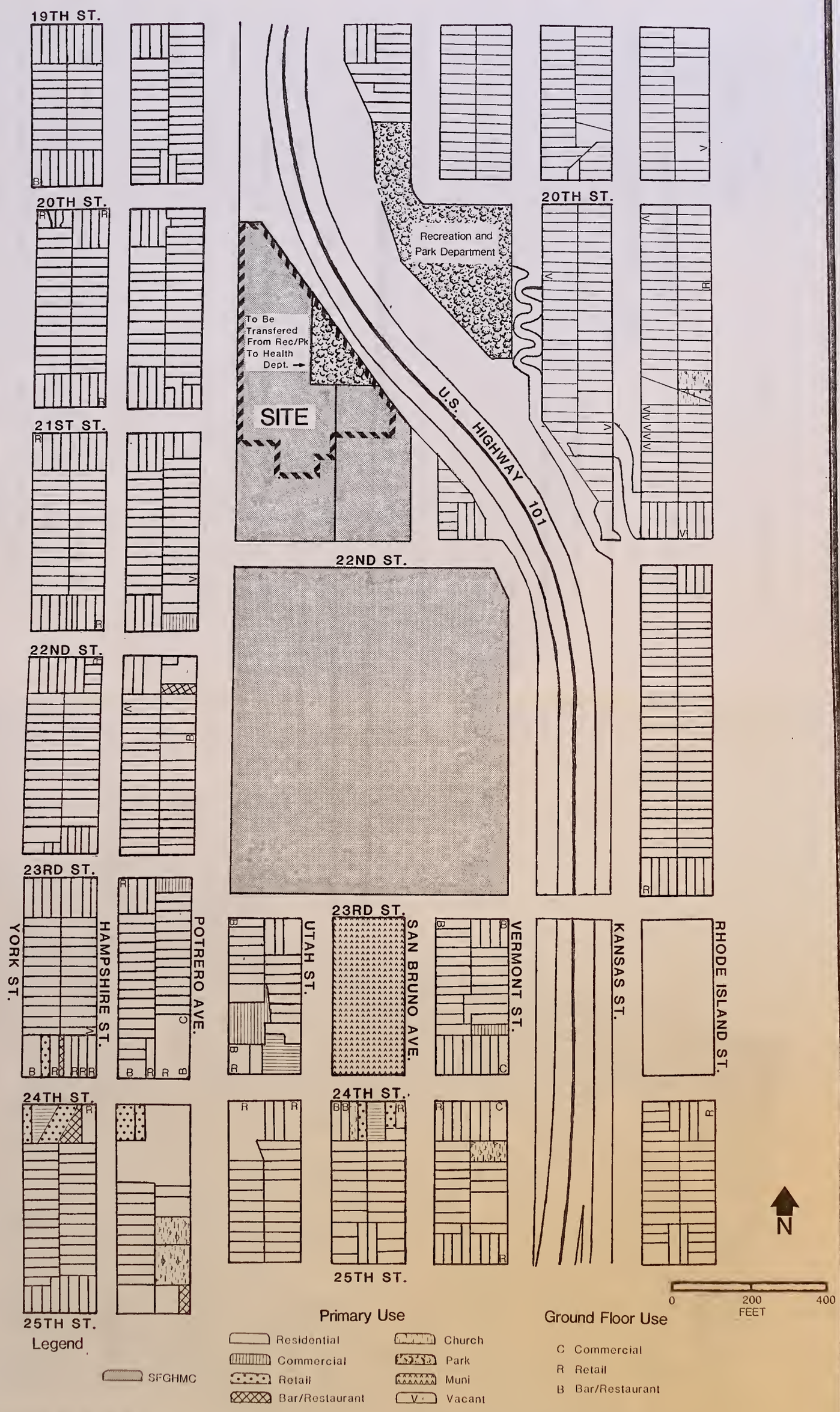


SFGH Mental Health Skilled Nursing Facility

Figure 8. Land Use Map

SOURCE: Bendix Environmental Research, Inc. & Dept. of City Planning



SFGH Mental Health Skilled Nursing Facility

Figure 8. Land Use Map

SOURCE: Bendix Environmental Research, Inc. & Dept. of City Planning

To the north are Highway 101, McKinley Square (open space) across the highway, and residential development.

The area west of the site is relatively level, with two- and three-story residences. This is the eastern edge of the Mission District. The 24th Street-Mission Neighborhood Commercial District (NCD), three blocks south of the site, extends between Bartlett Street and San Bruno Avenue. The 24th Street-Mission NCD provides convenience goods to its immediate neighborhood as well as some goods and services to a wider trade area. There are Latin American restaurants, grocery stores, bakeries and gift stores. The businesses are generally open in the daytime, and restaurants and a movie theater are active in the evening. Dwelling units are often above ground-floor commercial uses, and continuation of this pattern is encouraged by the Planning Code. The NCD controls are intended to provide for new development consistent "with the existing scale and character" of the neighborhood.[9]

Highway 101 runs along the eastern edge of the site and SFGHMC, physically separating SFGHMC from the Potrero Hill district, just across the freeway. Potrero Hill is a residential area with two- and three-story single-family homes predominating. The Twenty-third Street overpass over Highway 101 provides vehicular and pedestrian access from Potrero Hill to SFGHMC and the 24th Street-Mission NCD.

III.A.2. Zoning

The site of the proposed Skilled Nursing Facility is zoned P (Public Use) and is in a 105-E Height and Bulk District in which a maximum height of 105 feet and a maximum length of 110 feet and a diagonal dimension of 140 feet above 65 feet are allowable. Property in the vicinity of the proposed project is either

[9] Planning Code §727.1.

zoned P or for predominantly residential use (RH-2 , Two-Family, and RH-3, Three-Family Districts). (See Figure 9, page 27, and Figure 10, page 28, for a Zoning Use District Map and Height and Bulk District Map of the project vicinity.)

III.B. URBAN DESIGN AND VISUAL QUALITY

III.B.1. Design

The Skilled Nursing Facility site is located at the northern end of SFGHMC and consists of paved surface parking lots and undeveloped area covered with trees, shrubs and weeds. (See discussion of types of plants on page 45.) The site is generally 30 feet above the Potrero Avenue sidewalk with a retaining wall topped by a wrought-iron fence.

The only structure on the site is a stone grotto in an unmaintained garden area near Potrero Avenue. (See page 36.) The absence of buildings, the presence of mature trees (the majority along the eastern edge of the site), and the 20-foot wide area of six-foot anise plants along the Potrero Avenue frontage give the site an undeveloped, open space quality, especially as viewed from the street. (See Figures 11, 12 and 13, pages 29, 30, and 31, for views of the site.)

Adjacent to the site, to the south, SFGHMC covers a two-block area along the east side of Potrero Avenue between 21st and 23rd Streets (see Figure 1, page 10). SFGHMC buildings generally surround a landscaped, open space area which includes walkways, formal stairways, lawns and plots of flowering plants and shrubs.

The SFGHMC buildings were built between 1910 and 1976. The three- to six-story brick hospital buildings (built between 1910 and 1932) which extend the length of SFGHMC, were designed by Newton J. Tharp. They provide a visual identity

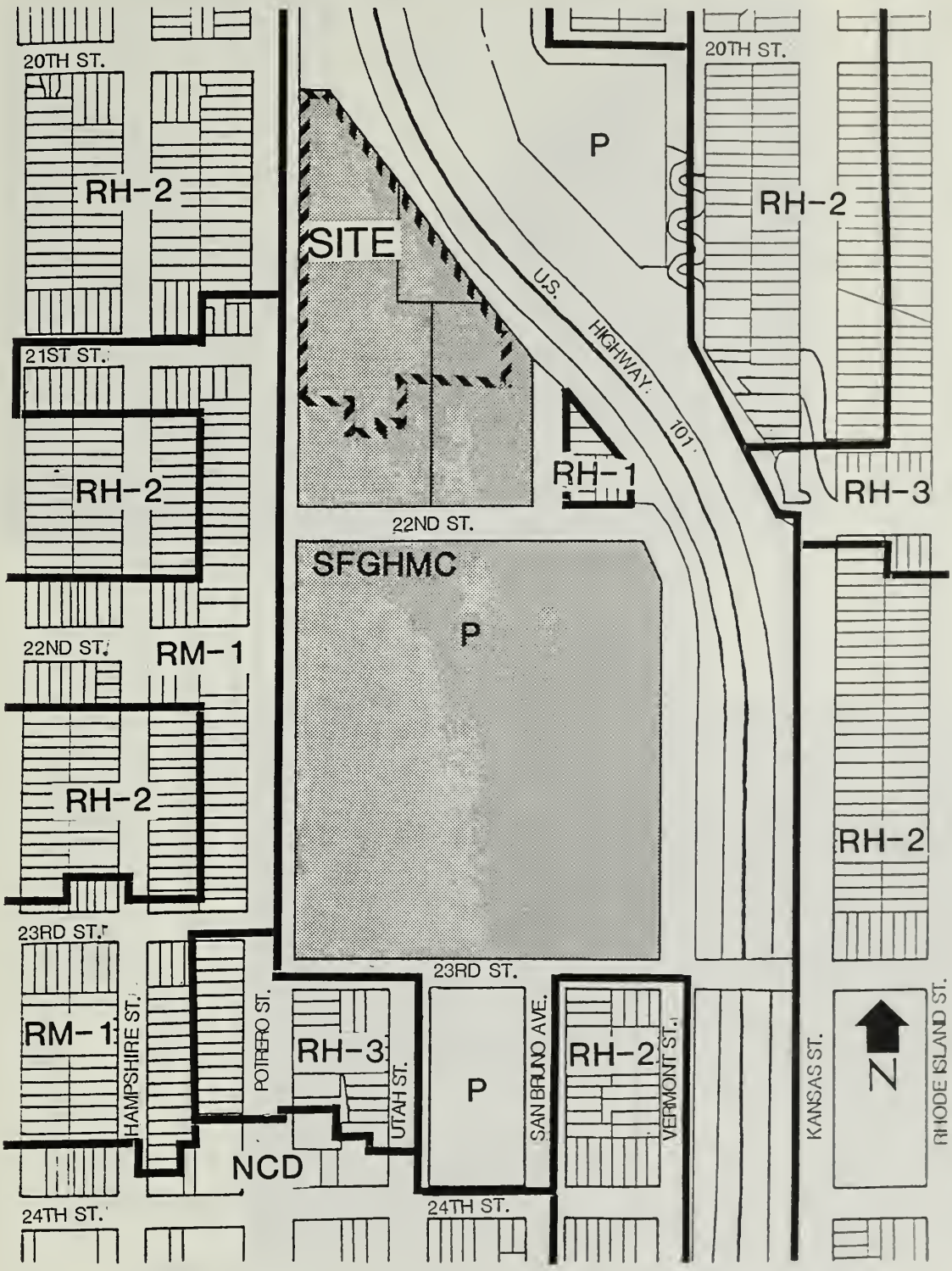
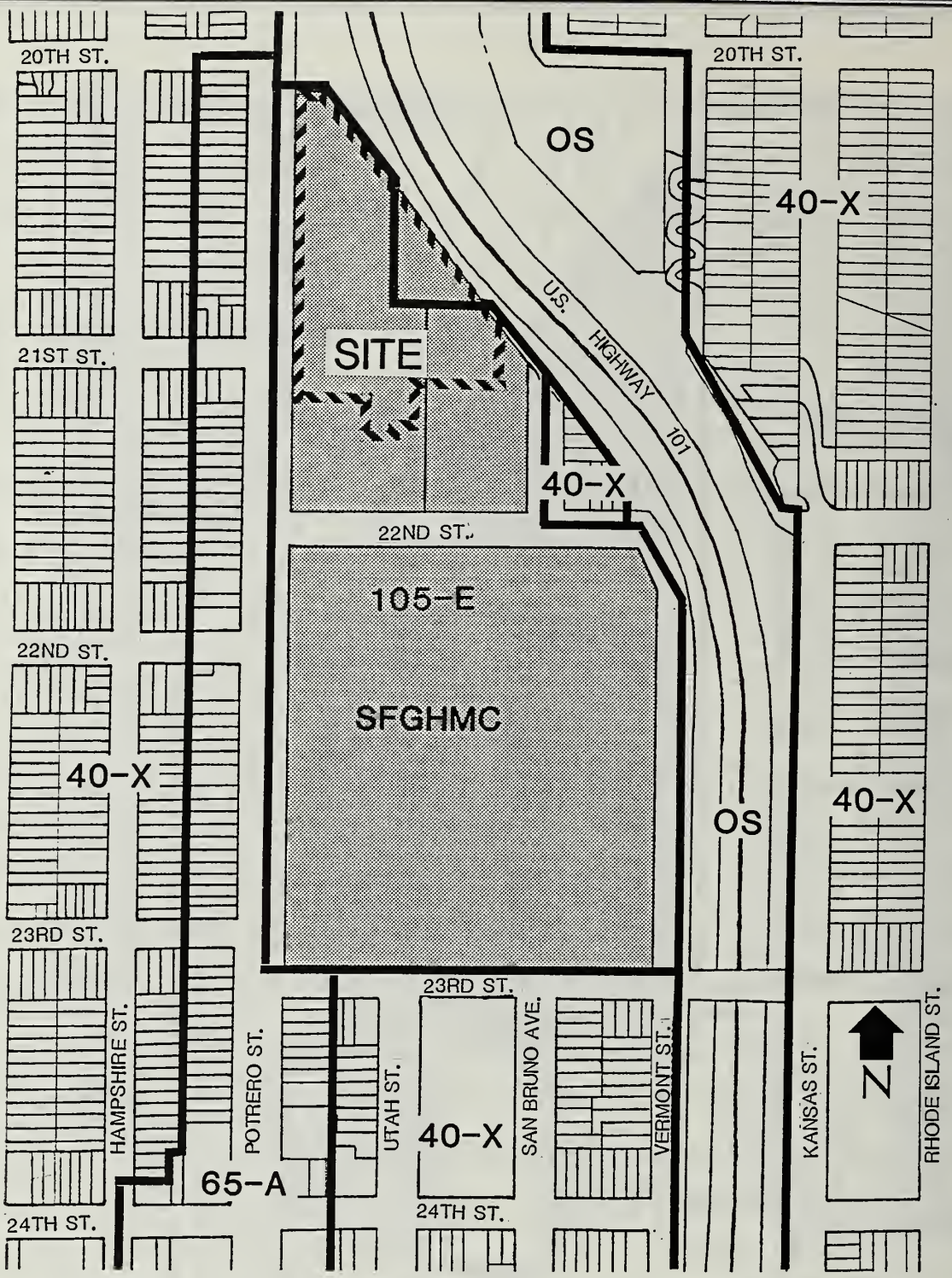


Figure 9. Zoning Use District Map

SFGH Mental Health Skilled Nursing Facility

SOURCE: Bendix Environmetal Research, Inc. & Dept. of City Planning



OS	Open Space district
105-E	105 Feet Height Limit (At heights of 65 ft. or greater, maximum building dimensions are 110 ft. in length and 140 ft. diagonally.)
65-A	65 Feet Height Limit (At heights of 40 ft. or greater, maximum building dimensions are 110 ft. in length and 125 ft. diagonally.)
40-X	40 Feet Height Limit
	SFGHMC

Figure 10. Height and Bulk Districts

SFGH Mental Health Skilled Nursing Facility

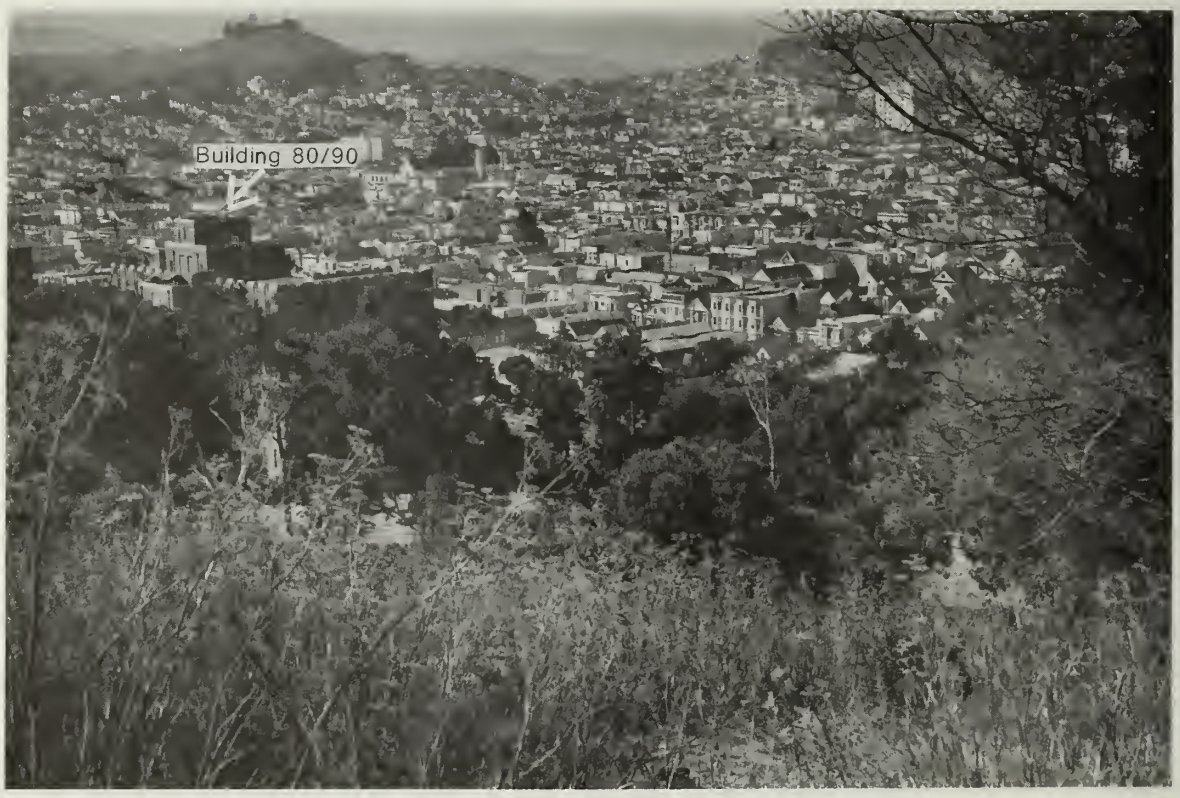
SOURCE: Bendix Environmental Research, Inc. & Dept. of City Planning

View from Southern Edge of Site Looking North

View from Western Edge of Site Looking East
Note: Trees in foreground would be cut.

SFGH Mental Health Skilled Nursing Facility
Figure 11. Views of Project Site

SOURCE: Bendix Environmental Research, Inc.



View from 20 th Street and San Bruno Avenue Looking Southwest

SFGH Mental Health Skilled Nursing Facility

Figure 12. View of Project Site from Potrero Hill

SOURCE: Bendix Environmental Research, Inc.

View of Site from Across Potrero Ave. Looking North

View of Site from Across Potrero Ave. Looking East
Note: Brick retaining wall and wrought iron fence, built in 1915.

SFGH Mental Health Skilled Nursing Facility
Figure 13. Views of Project Site from Potrero Avenue

SOURCE: Bendix Environmental Research, Inc.

for SFGHMC.[10] Five buildings (a three-story central administration building flanked by pairs of six-story ward buildings), completed in 1915,[11] were designed in the Neo-Italianate Renaissance style with patterned brick exteriors and terra cotta and marble trim and ornamentation; two have terra cotta clad bay windows. The landscaping of the grounds was done by Golden Gate park designer John McLaren.

Building 80/90, the hospital building closest to the project site, was built in 1932 (designed by Martin Rist) in the Art Deco style of the period. The building also has a brick exterior finish with the addition of copper spandrels. All of the older buildings have clay tile roofs.

Three other principal buildings, ranging from the two-story Service Building to the eight-story Main Hospital, built since the 1930s, are in a modern style with "poured-in-place" concrete construction. The newer buildings typically do not incorporate the design elements of the earlier buildings. All of these newer Hospital buildings have a massive, unembellished appearance.

A five- to ten-foot brick retaining wall with decorative wrought iron fence defines the western edge of SFGHMC along Potrero Avenue, The wall and the fence date from 1915. The grounds of SFGHMC rise an average of about 30 feet above the Potrero Avenue sidewalk. Along the freeway (U.S. 101), the eastern edge of the SFGHMC is about seven feet above the roadway. A Caltrans right-of-way between the eastern edge of SFGHMC and the freeway roadbed is about 22 feet above the roadbed, forming a visual and sound barrier between the freeway and SFGHMC.

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[10] Information about the history of the buildings on campus is from the November 1987 *San Francisco General Hospital Medical Center Institutional Master Plan*, City and County of San Francisco, Department of Public Health (the Plan is available for public review at the Potrero and Mission branch San Francisco public libraries.

[11] San Francisco Board of Supervisors, *San Francisco Municipal Report for Fiscal Year 1915-1916*, June 30, 1916, pages 571-586, available for public review at the Department of City Planning, 450 McAllister Street, San Francisco.

Along Potrero Avenue between 19th and 23rd Streets are mainly two-story, single-family residences and apartments over garage, with some apartment houses of up to three stories and some ground floor retail between 22nd and 23rd Streets. The streets facing the freeway on the east side are dominated by one- to two-story houses over garage with some apartment houses ranging up to four-stories over garage.

III.B.2. Views of the Project Site

The site is visible from the Potrero Hill district to the east. Looking down from Potrero Hill one sees the roofs of the Hospital buildings and the trees on the project site (see Figure 12, page 30).

Residents along the west side of Potrero Avenue, between about 19th Street and 22nd Street, see the brick retaining wall and wrought iron fence running along Potrero Avenue with anise plants behind the fence. The trees in this border area and the top of the grotto are visible, as are the eucalyptus trees at the back of the site, along the freeway (see Figure 13, page 31). From the north, west and south the site is visible in short-range views; for example, persons in cars traveling north or south on Potrero Avenue and traveling east on 21st Street towards Potrero Avenue have a similar view.

III.C. HISTORIC, ARCHITECTURAL AND CULTURAL RESOURCES

III.C.1. Historic/Architectural Resources

The San Francisco Department of City Planning (DCP) conducted a Citywide inventory of architecturally significant buildings in 1976. In this Inventory, approximately ten percent of the City's buildings were awarded a rating ranging from a low of "0" to a high of "5." The total number of buildings which were rated from "3" to "5" represents less than two percent of the City's building

stock. The characteristic brick buildings at the SFGHMC were rated 3. The Muni maintenance building on the PUC site at the corner of 23rd Street and Utah Street received a rating of 2. Within approximately two blocks surrounding the project site, about 50 buildings have received DCP Inventory ratings ranging from 0 to 3 (see Figure 14, page 35).

The site, SFGHMC and the surrounding area were not included in the 1979 Foundation for San Francisco Architectural Heritage (Heritage) survey of buildings of architectural and historic merit, as that survey encompassed only the Downtown C-3 zoning districts. Recently, Heritage has performed preliminary surveys of buildings in the South of Market area, the Tenderloin, and Nob Hill. SFGHMC and its vicinity were not included in these surveys.

III.C.2. Cultural Resources[12]

There is no evidence of prehistoric activity at the project site or in its vicinity. The earliest recorded history of the site area dates from the City Building Period (1858-1886) when the Magdalen Asylum (1864) and the County Hospital (1872) were built.

The Magdalen Asylum for wayward women was built by the Sisters of Mercy on Potrero Avenue, just to the south of the project site. This home and school for women was run by the Sisters of Mercy at this location from 1864 to 1931, when the land was sold to the City of San Francisco. Sanborn Maps of the area show that the project site was used as a chicken yard in 1915 and that an enclosed

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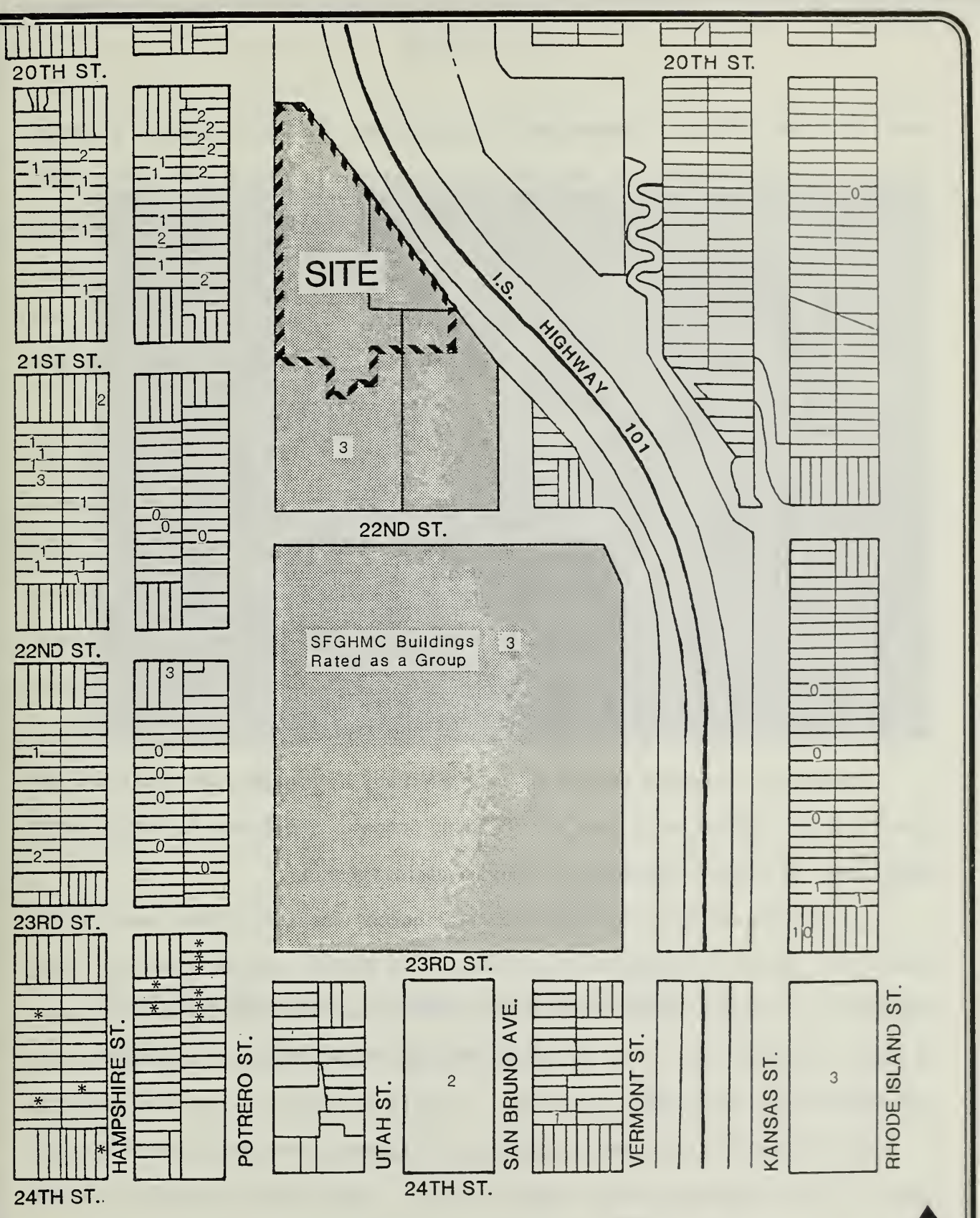
[12] This section is based on the following sources: Chavez, David, *Archaeological Resources Investigation for the Mental Health Facility at San Francisco General Hospital, San Francisco, California*, January, 1990; Platt, G. Bland, *San Francisco General Hospital Environmental Impact Report: Religious Grotto-Assessor's Block 4090*, January 18, 1990(all available for public review at the Department of City Planning, 450 McAllister Street, San Francisco, CA); and the SFGH Institutional Master Plan, available for public review at the Potrero and Mission San Francisco branch public libraries) and Sr. M. Petronilla Gaul and Sr. Mary Monica of the Sisters of Mercy, Burlinghame, California, telephone conversation of July 17, 1989, with Pamela Hodgins of Bendix Environmental Research, Inc.



SFGH Mental Health Skilled Nursing Facility

Figure 14. Architectural Resources in the Project Vicinity

SOURCE: San Francisco Department of City Planning and Mrs. G. Bland Platt

court of Saint Catherine's Home and Training School (Magdalen Asylum) extended across the southernmost edge into the project site. In 1918 a rock grotto (see below) was built on the western edge of the project site. In 1872 the County Hospital was constructed along Potrero Avenue south of 22nd Street. The Hospital was spared by the 1906 earthquake but was closed and burned in 1908 after two epidemics of plague were traced to rats in the building. In 1915 the new City/County Hospital was opened on its present site.

There is a stone grotto made of granite rocks at the southwest corner of the project site, set back 28 feet from the Potrero Avenue sidewalk (see Figure 2, page 13, and Figure 15, page 37). The grotto is about 20 feet tall, 28 feet long and 14 feet deep, and contains a carved stone altar. A niche originally contained a statue of the Virgin Mary presented by Mr. Henry Hoffmann. In the stone to the right of the grotto entrance is a plaque memorializing dedication on March 23, 1918. There is a stone bench just outside the grotto entrance.

The grotto, designed as a tribute to Our Lady of Lourdes, was built on the grounds of St. Catherine's Home and Training School. The School buildings were demolished in 1939 by the Works Projects Administration.

The Sisters of Mercy relocated to Burlingame, about 25 miles south of San Francisco, and it is believed they removed the Madonna statue from its niche and took it with them. The Sisters of Mercy often installed grottos on the grounds of their institutions. The grotto is the last remaining one in San Francisco attributable to the Sisters of Mercy. It would be preserved with the project.

At the time of the City Building Period, the project site consisted of bedrock overlain by a relatively thin layer of soil. Since that time site leveling and paving has occurred. In 1939, Saint Catherine's Home and Training School was demolished and the area was used as a recreation area. In 1955 the site

View from East

SFGH Mental Health Skilled Nursing Facility

Figure 15. Grotto on Project Site

SOURCE: Bendix Environmental Research, Inc.

was developed as a parking lot which would be removed for the proposed project. The proposed project would involve excavation to a depth of 12 feet for the Nursing Facility and up to 16 feet for the tunnel. The project would involve some excavation which would disturb soils and rock probably not exposed in historic times.

Artifacts typically found at similar San Francisco sites include architectural remnants, trash pits, privies, and other cultural objects which have served to expand the historic record of people and events.

III.D. TRANSPORTATION

Regional access to the site is provided by U.S. 101 via the Army Street Inter-change about 3000 feet south of the site. Potrero Avenue functions as the primary north-south arterial street serving the hospital. Local roadways that provide access to SFGHMC and the site include 22nd and 23rd Streets (see Figure 1, page 10).

Potrero Avenue is a signalized north-south major thoroughfare[13] between the Interstate 80/U.S. 101 and U.S. 101/Army Street interchanges. There are three through traffic lanes in each direction on Potrero Avenue in the vicinity of the site. In recent years, this roadway has become a peak hour "bypass" to the congested section of U.S. 101 in the area, resulting in increases in local traffic volumes.

Twenty-second Street is a local east-west roadway that serves as a primary access to the Hospital and the site from Potrero Avenue. Twenty-second Street has one travel lane in each direction to mid-SFGHMC and then becomes a one-

[13] A major thoroughfare is a cross-town thoroughfare whose primary function is to link districts within the city and to distribute traffic from and to the freeways; these are routes generally of citywide significance and of varying capacity depending on the travel demand for the specific direction and adjacent land uses. *Transportation Element, San Francisco Master Plan*, page I.4.20.

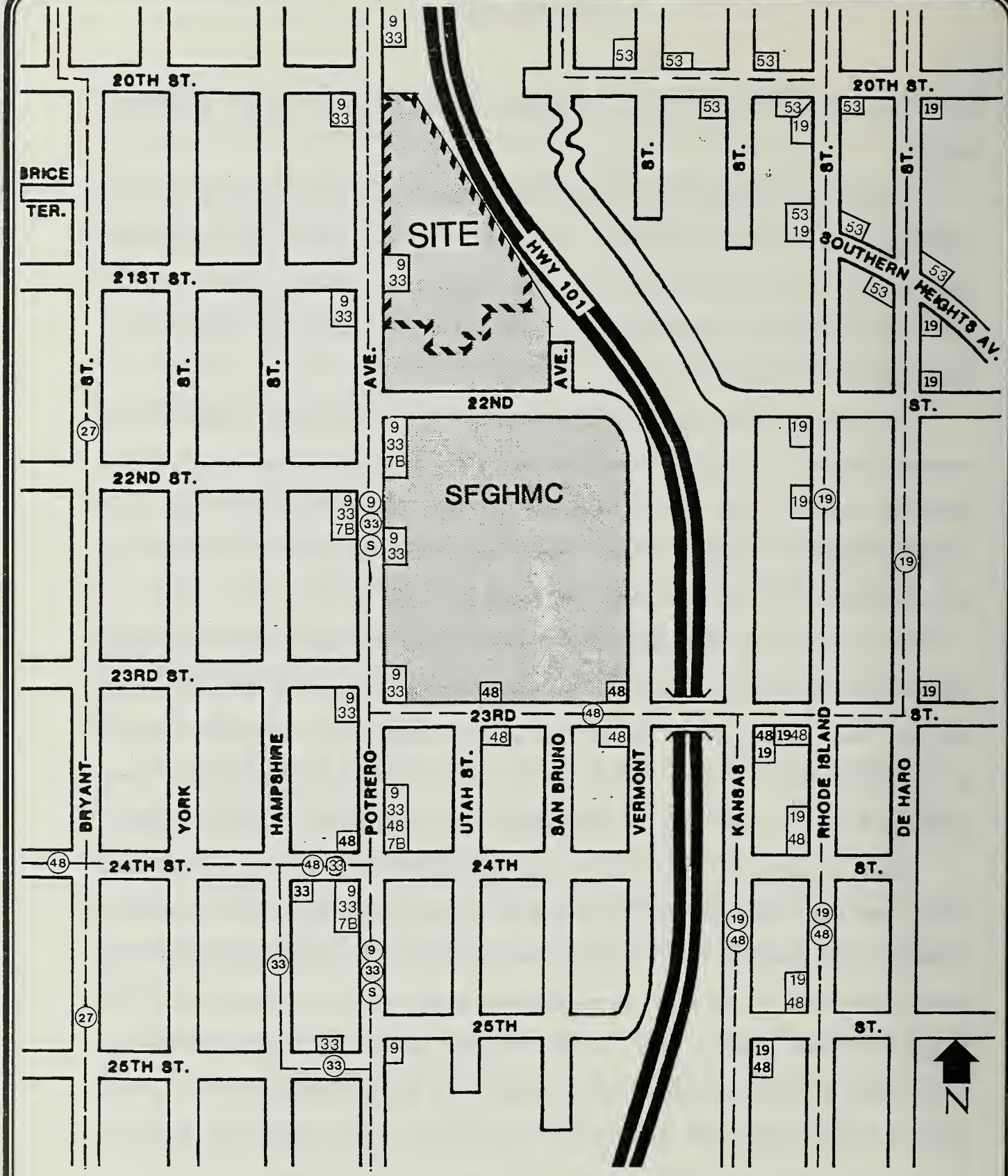
way street, carrying traffic east to Vermont Street which is one-way southbound only.

Twenty-third Street is a local east-west roadway, one lane in each direction, running along the southern border of SFGHMC about two blocks from the site. Twenty-third Street extends over U.S. 101, connecting the Potrero Hill area to the Mission District, providing direct vehicular and pedestrian access to and from east of U.S. 101.

The project site is served by several public transit systems. The principal service provider is the San Francisco Municipal Railway System (Muni), which operates five bus lines in the immediate vicinity of the site, with two lines stopping adjacent to the site (Muni routes are discussed below; bus routes and bus stops near the site are shown in Figure 16, page 40).

The Bay Area Rapid Transit (BART) rail system provides public transportation from the East Bay to areas of San Francisco along the Mission Street corridor south to Daly City. The closest project access point to the BART system is the 24th Street Station, which is 12 blocks west of the Hospital. BART passengers can transfer there to the 48-Quintara Muni line to get to SFGHMC.

SamTrans buses and Caltrain provide access from the Peninsula. SamTrans buses from the Peninsula drop off and pick up passengers on Potrero Avenue at SFGHMC. The nearest Caltrain stop to the Hospital is the 22nd Street Station, about a mile east of the site, where passengers can transfer to the 48 Muni line to get to SFGHMC. Golden Gate Transit provides bus service from Marin County. Golden Gate Transit passengers must transfer to the 9-San Bruno Muni line at Mission Street, about two miles north of the site. (See Figure 17, page 41, for regional public transit routes.) A shuttle bus provides a weekday link between SFGHMC and the UCSF campus with headways which vary from 10 to 20 minutes.



(S) Sam Trans line 7B (9) Muni line 9 [33] bus stop for line 33

SFGH Mental Health Skilled Nursing Facility

Figure 16. Bus Stops & Routes in the Vicinity of SFGHMC

SOURCE: Bendix Environmental Research, Inc. & MUNI

LEGEND:

- SAMTRANS ROUTE – 7B
- GOLDEN GATE TRANSIT (Transfer to Muni #9)
- MUNI ROUTE
- BART ROUTE
- C — CALTRAIN 22nd ST. STATION (Transfer to Muni #48)
- SFGHMC

SFGH Mental Health Skilled Nursing Facility

Figure 17. Regional Public Transit Routes to SFGHMC

SOURCE: Bendix Environmetal Research, Inc. & Transit Agencies

There are five Muni bus lines within a four-block radius of the project site. Headways vary from 8 to 20 minutes during the morning and evening peak periods. The lines which provide most convenient access to the site are Routes 9 and 33 on Potrero Avenue, Route 48 on 23rd Street, Route 27 on Bryant Street, and Route 19 on Rhode Island Street (see Figure 16, page 40).

The 9-San Bruno line has a north-south route that runs from Visitacion Valley to the Ferry Building at the foot of Market Street. The 9 provides direct access to downtown San Francisco from SFGHMC along Potrero Avenue, 11th and Market Streets. There are 8-minute headways during peak periods. Golden Gate Transit passengers going to and from Marin County transfer to this line.

The 33-Stanyan line runs from the Potrero/25th intersection near SFGHMC to Waller/Stanyan in the Haight-Ashbury area, and provides access to the west on 18th Street. The route provides service at 20-minute intervals.

The 19-Polk line runs from the Navy Yard in Hunter's Point to the Stockton/Beach intersection at Fisherman's Wharf. The 19 runs on Rhode Island Street, approximately two blocks east of SFGHMC, and operates at 15-minute intervals during peak periods.

The 27-Bryant line provides service between the intersection of Mission/26th Streets and Harrison/5th Street in the South of Market area. The 27 operates along Bryant Street, three blocks west of Potrero Avenue, at 15-minute intervals during peak periods.

The 48-Quintara line is a major east-west route that runs from the intersection of Illinois/20th Streets, east of the Potrero District, to the intersection of the Great Highway/Rivera Street in the Sunset District. The 48 serves SFGHMC on 23rd Street with 12 minute headways during the peak period. Caltrain passengers getting off the train at the 22nd Street Caltrain station can transfer to this bus line.

III. SETTING

An inventory of SFGHMC parking done for the entire hospital campus by DKS traffic engineers in 1987 found 584 marked spaces.[14] In January 1989, there were 610 marked parking spaces on the SFGHMC campus.[15] Some of the 26 additional spaces represented legalization of unmarked spaces in which people had been parking.

In preparation for development of the project, SFGHMC has restriped some parking lots and created three new minor lots which increased parking on the SFGHMC campus to a total of 711 spaces as of September 1, 1989.[16] The 101 new spaces recently created are intended as replacement for spaces lost during construction and after completion of the project. They are not intended as additional permanent parking above the 610 spaces which existed prior to restriping. The 1987 DKS parking study found parking occupancy on the project site (lot E) to be 120% of marked spaces.[17] SFGHMC lots were generally parked at 134% of capacity at mid-day, with many vehicles parked in unmarked spaces (some of which appeared to be informally accepted as proper parking spaces). The study reported that as many as 142 vehicles parked illegally along the fire lane (indicated as Lots D and H in Figure 22, page 72),[18] parked tandem in SFGHMC lots, or illegally elsewhere at SFGHMC. There is no current safety problem with fire lane parking according to the San Francisco Fire Department.[19]

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[14] *San Francisco General Hospital Institutional Master Plan, Transportation Study*, November 1987, page 13.

[15] Dorian, Mark, project architect, San Francisco Bureau of Architecture, telephone conversations of August 2 and August 30, 1989 with Tom Burton of Bendix Environmental Research, Inc.

[16] Dorian, Mark, project architect, San Francisco Bureau of Architecture, telephone conversation with Tom Burton of Bendix Environmental Research, Inc., August 30, 1989.

[17] There were 267 vehicles and 220 marked spaces.

[18] *San Francisco General Hospital Institutional Master Plan, Transportation Study*, November, 1987, *loc. cit.*

[19] McCarrel, Chief David, Battalion 10, San Francisco Fire Department, telephone conversation with Gilbert G. Bendix, P.E., Bendix Environmental Research, Inc., September 6, 1989.

Off-street parking occupancy for this EIR is based on the 1987 DKS study; it was assumed that this level of parking represents saturation of both legal and illegal spaces.[20]

There is no charge for parking in the public lots (Lots C and E) at SFGHMC. Permits are required in the "Permit Lots."[21] SFGHMC parking rules are enforced by SFGHMC security guards. Cars ticketed for illegal parking receive San Francisco Police Department parking tickets. Cars regularly park illegally.[22]

On-street parking on and within a three block radius of the SFGHMC campus was studied in two surveys, one in 1987 and one in 1989. The occupancy rate for the whole study area was found to be about 87%.[23] The 1989 occupancy rate of the residential streets outside the SFGHMC perimeter and within a three block radius of SFGHMC was about 84%. While this is less than a saturated condition (which occurs at about 91%), the perceived shortage of parking in the area is of ongoing concern for hospital employees and neighborhood residents.

Present vehicle circulation patterns are shown in Figure 22, page 72. The 190-space section of Lot E on the project site is accessible from 22nd Street by a two-way internal street between Building 80/90 and the Service Building (for entry) and for exit by the same street onto 22nd Street or from

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[20] It was assumed that the 134% occupancy found by the 1987 survey represents the maximum number of vehicles which could park in SFGHMC parking lots. It was therefore assumed also that increases in the number of legal spaces due to restriping would be compensated for by a corresponding decrease in illegal parking.

[21] Management personnel and executives receive permits and chiefs of service are allowed to park in reserved lots. There are currently more permits than spaces available. Walera, Ed, San Francisco General Hospital, telephone conversation of August 31, 1989, with Tom Burton of Bendix Environmental Research, Inc.

[22] Captain Wright of SFGHMC Security says that his department writes an average of 65 tickets per weekday for illegal parking in SFGHMC lots and on the streets directly bordering the hospital. Telephone conversation with James Scanlin of Bendix Environmental Research, Inc., August 10, 1989.

[23] The 1987 study found an on-street occupancy rate of about 83% and the 1989 study found an on-street occupancy rate of about 87% for the larger study area including campus streets. The difference in occupancy rates is within the range of accuracy of the analyses and not statistically significant.

a one-way (westbound) internal street adjacent to Building 80/90 which exits directly onto Potrero Avenue (where only right turns are permitted).

Access to the 30-space section of Lot E is from Potrero Avenue only. Other SFGHMC parking lots are accessible from entrances on 22nd and 23rd Street and by way of the main internal SFGHMC roadway which runs between 22nd and 23rd Streets.

III.E. BIOLOGY

Existing vegetation and wildlife resources were inventoried by Consulting Ecologist Diane Renshaw on May 5, 1989. It was determined that no threatened or endangered species are found on the site and that, given the high degree of disturbance, the site has limited wildlife habitat value.[24]

The eastern sections of the site, which include the Recreation and Park Department land proposed for transfer to the Health Department (see Figure 8, page 24), have about 68 blue gum eucalyptus trees with trunks greater than six inches in diameter, about 60 to 80 ft. tall. Many of the visible southernmost trees are within the Caltrans planted strip adjoining the freeway and under Caltrans jurisdiction. Most of the eucalyptus in the central and northern sections are on SFGHMC land. In the southeast section of this area, in addition to the eucalyptus, there are three Monterey cypress, nine Monterey pines and one willow. The southern section of the site along Potrero Avenue contains several ornamental trees, including four mature and three immature date palms, eight green dracena and a Bay tree. There is a mature California pepper tree near the grotto (see discussion of the grotto on page 36. The rest of the area along Potrero Avenue has anise plants, weeds and common shrubs. Immediately

[24] Diane Renshaw, *Preliminary Biological Reconnaissance, San Francisco General Hospital Skilled Nursing Center, San Francisco, California*, May 24, 1989, available for public review at the Department of City Planning, 450 McAllister St., San Francisco.

adjacent and to the north, there is a small grove of Monterey pines on Caltrans land, and to the east is the Caltrans-planted strip. The hill and trees along the eastern edge of the site provide a visual and noise barrier between SFGHMC and the freeway.

CHAPTER IV. ENVIRONMENTAL IMPACTS

An application for environmental evaluation for the project was filed on February 19, 1988. On August 11, 1989, on the basis of an Initial Study, the Department of City Planning determined that an Environmental Impact Report (EIR) was required for this project. Issues determined to require no further discussion as a result of the Initial study include: population, operational noise, air quality, utilities and public services, geology and topography, water, energy and natural resources, and hazards. Therefore, this EIR does not discuss these topics. (See Appendix A, pages A-2 to A-21, for the Initial Study.)

As noted in the Introduction to this EIR, two development programs on two sites on and adjacent to the SFGHMC campus were originally proposed, with similar timeframes. Development of the Mental Health Skilled Nursing Facility only is considered in this EIR. Because development of the other site, bounded by 23rd, 24th, and Utah Streets and San Bruno Avenue has been delayed, that development is not analyzed and will require separate environmental review. It is included in the cumulative impacts analysis however.

IV.A. LAND USE AND ZONING

The proposed Skilled Nursing Facility would be an extension and intensification of existing uses associated with SFGHMC. No buildings exist on-site; none would be demolished. The 90,000 square foot project would increase the gross square footage of SFGHMC buildings by about 8% to 1,260,000 gsf.[25]

[25] SFGHMC, Report #C004, August 8, 1989, available for public review at the Department of City Planning, 450 McAllister Street.

The project would be consistent with the description of the P (Public Use) district described in Article 2, Section 234 of the City Planning Code. The Section describes the P designation to apply to "land that is owned by a governmental agency and in some form of public use." A public medical institution is a principal permitted use in a P District under Planning Code § 234.1.

The project site is in a 105-E Height and Bulk District in which buildings up to 105 feet tall are permitted with maximum length and diagonal dimensions specified above 65 feet. Project buildings would vary in height from 23 to 40 feet, which would be 36 to 58 feet above Potrero Avenue (as measured vertically from the street curb to the roofs of the buildings). Bulk restrictions would not apply because the project would be less than 65 feet in height. The buildings would be set back 15 to 35 feet from the sidewalk (see Figure 2, page 13 and Figure 7, page 18, for the project site plan and elevations). The setbacks of present hospital buildings along Potrero Avenue are greater than those of the proposed project, with internal roads in these setbacks.

Applicable Master Plan land use policies and the relationship of the project to these policies are summarized in Table 2, page 49. The relationship of the project to the Urban Design Element of the Master Plan is discussed below.

The proposed project would implement and be consistent with the 1987 Institutional Master Plan for SFGHMC, which calls for "a 185-bed, 90,000 square-foot Mental Health Skilled Nursing Facility in Parking Lot E at the north end of the campus to be completed by 1992" and "a remodel and consolidation of the present kitchen facilities to be completed by 1992."[26]

[26] The kitchen remodeling would be entirely interior and would enable the kitchen to function more efficiently at its design service level. This portion of the proposed project would have little or no environmental impact.

TABLE 2. RELATIONSHIP BETWEEN APPLICABLE MASTER PLAN LAND USE POLICIES AND THE PROPOSED PROJECT

OBJECTIVES/POLICIES	RELATIONSHIP TO PROJECT
COMMERCE AND INDUSTRY ELEMENT	
GENERAL/CITYWIDE OBJECTIVES	
Objective 7. "Enhance San Francisco's position as a national and regional center for governmental, health, and educational services."	
Policy 2. "Encourage the extension of needed health and educational services, but manage expansion to avoid or minimize disruption of adjacent residential areas."	The proposed project, designed to provide services more effectively than they can be provided at out of City facilities, would be on the present SFGHMC campus. The site is bounded by Caltrans land bordering the freeway on the north and east, the rest of SFGHMC to the south, and Potrero Avenue to the west, so that no existing land use pattern would be disrupted by the project.
Policy 3. "Promote the provision of adequate health and educational services to all geographical districts and cultural groups in the city."	SFGHMC is the only public hospital in San Francisco - and so it serves the entire City. Among its services are health care for indigent and low income populations of San Francisco.
COMMUNITY FACILITIES ELEMENT	
INSTITUTIONAL FACILITIES OBJECTIVES	
Objective 9. "Assure that institutional uses are located in a manner that will enhance their efficient and effective use."	The project's proximity to the rest of SFGHMC is intended to provide for efficient use of the Skilled Nursing Facility; patients and service providers may move back and forth between present facilities and the project without leaving the SFGHMC campus.

Source: Department of City Planning, *Master Plan*, 1988, and Bendix Environmental Research, Inc.

IV.B. URBAN DESIGN AND VISUAL QUALITY

The two- to three-story project buildings would provide a transition between the nearby five-story existing buildings and the neighborhood adjacent to SFGHMC (see Figures 18-20, pages 51-53, for photomontages). Because the site is an average of 30 feet above the sidewalk, the buildings would be set higher on the site than if their bases were at sidewalk level. Project buildings would be designed with varying setbacks intended to make the buildings appear less massive. There would be a minimum of a 15-foot setback from the sidewalk.

The proposed brick facade of the new project would be similar to the brick surface of older hospital structures. The brick retaining wall and wrought iron fence along Potrero Avenue would be retained. A minimum 15-foot deep landscaped area between the buildings and the wrought iron fence on the brick retaining wall is intended as a visual buffer between the project and Potrero Avenue. The trees along the eastern edge of the site would remain and would continue to provide a backdrop for the project buildings, although some of the existing eucalyptus trees would be gradually replaced by other species of trees.

Construction of the Skilled Nursing Facility would change an unmaintained, undeveloped area partially developed as parking lots to an area with the built, landscaped, institutional nature of SFGHMC.

A California pepper tree (see page 45) grows just west of the grotto, shading the bench area and some of the grotto. The grotto is surrounded by six-foot-tall anise and other shorter plants which partially screen the grotto area from view from the Potrero Avenue sidewalk and the parking lot to the east. The path to the grotto from the parking lot is overgrown with weeds. Some persons currently use the bench area at lunchtime. The grotto is not visible from Potrero now.

SFGH Mental Health Skilled Nursing Facility

Figure 18: Photomontage, Looking South on Potrero from North of Site

SOURCE: Kaplan McLaughlin Diaz

SFGH Mental Health Skilled Nursing Facility

Figure 19: Photomontage, Looking North on Potrero from South of Site

SOURCE: Kaplan McLaughlin Diaz

SFGH Mental Health Skilled Nursing Facility

Figure 20: Photomontage, Panoramic View Looking from 21st and Potrero Streets

SOURCE: Kaplan McLaughlin Diaz

Removal of the existing vegetation, possibly including the ailing pepper tree, and landscaping the area would make the grotto more visible.

The Urban Design Element of the San Francisco Master Plan contains policies and principles which may be used to evaluate the project. Table 3, Relationship between Applicable Urban Design Policies of the Master Plan and the Proposed Project, pages 55-57, compares the project to applicable policies.

IV.C. HISTORIC, ARCHITECTURAL AND CULTURAL RESOURCES

IV.C.1. Historic/Architectural Resources

No buildings of architectural or historical significance would be demolished. The nearest buildings of interest are the SFGHMC buildings south of the site rated 3, including Building 80/90 closest to the site, and the buildings across Potrero Avenue rated 2 in the Department of City Planning Architectural Survey. These and other buildings of architectural interest shown on Figure 14, page 35, would not be affected by the project.

IV.C.2. Cultural Resources

An archaeological resources report including a field survey of the project site and a search of relevant archival records was conducted by a qualified archaeologist.[27]

No evidence of any prehistoric or historic archaeological resources on the site was found, and archival review revealed no potential for subsurface

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[27] *Archaeological Resources Investigation for the Mental Health Facility of San Francisco General Hospital, San Francisco, California*, January 19, 1990, was prepared by David Chavez. The report is on file with the Office of Environmental Review, Department of City Planning, 450 McAllister Street, San Francisco.

TABLE 3. RELATIONSHIP BETWEEN APPLICABLE URBAN DESIGN POLICIES OF THE MASTER PLAN AND THE PROPOSED PROJECT

OBJECTIVES/POLICIES	RELATIONSHIP TO PROJECT
Objective 1. "Emphasis of the characteristic pattern which gives to the city neighborhoods an image, a sense of purpose, and a means of orientation."	
Policy 5. "Emphasize the special nature of each district through distinctive landscaping and other features."	The hospital complex is a distinctive visual element on Potrero Avenue. Some of the proposed project's design elements would be similar to the present buildings and the project would expand the landscaped area of the site, and SFGHMC. The Canary Island Date Palms on Potrero Avenue, which echo other palms that have been used as street trees in the greater neighborhood (particularly on Dolores Street in the Mission District) would remain. About five trees would be relocated on the site.
Objective 2. "Conservation of resources which provide a sense of nature, continuity with the past, and freedom from overcrowding."	
Policy 4. "Preserve notable landmarks and areas of historic, architectural or aesthetic value, and promote the preservation of other buildings and features that provide continuity with past development."	The grotto on the western edge of SFGHMC along Potrero Avenue would be preserved.

(Table continues on next page)

TABLE 3. RELATIONSHIP BETWEEN APPLICABLE URBAN DESIGN POLICIES OF THE MASTER PLAN AND THE PROPOSED PROJECT (CON'T)

OBJECTIVES/POLICIES	RELATIONSHIP TO PROJECT
Policy 6. "Respect the character of older development nearby in the design of new buildings."	The exterior design of project buildings would include some facade elements similar to those of the present buildings at SFGHMC, some of which were built in 1915.
Objective 3. "Moderation of major new development to complement the city pattern, the resources to be conserved, and the neighborhood environment."	
Policy 1. "Promote harmony in the visual relationships and transitions between new and older buildings. New buildings should be made sympathetic to the scale, form, and proportion of older development.	The project design with its three-story height and its overall building massing, would be a transition from the lower scale development to the north and west along Potrero (typically two and three story buildings) to the remainder of SFGHMC to the south (hospital buildings ranging from 2 to 8 stories in height). The project design is intended to relate to the form and proportion of existing older SFGHMC development.
Policy 2. "Avoid extreme contrasts in color, shape and other characteristics which will cause new buildings to stand out in excess of their public importance."	The project would be designed to blend in with present SFGHMC buildings. Design elements would include a brick facade echoing the colors of the older hospital buildings. The buildings are intended to continue the institutional appearance of the older public buildings at SFGHMC and provide a transition to non-institutional buildings near the site.
Policy 3. "Promote efforts to achieve high quality of design for buildings to be constructed at prominent locations."	The project site is a prominent location, on a major traffic artery, and on the grounds of a major civic institution. The project's design has been and would continue to be reviewed by the City's Bureau of Architecture and Planning Department.

(table continues on next page)

TABLE 3. RELATIONSHIP BETWEEN APPLICABLE URBAN DESIGN POLICIES OF THE MASTER PLAN AND THE PROPOSED PROJECT (CON'T)

OBJECTIVES/POLICIES	RELATIONSHIP TO PROJECT
Policy 4. "Promote building forms that will respect and improve the integrity of open spaces and other public areas."	The project would be at a lower elevation than the open space on its east side and its maximum 40 ft. height would minimize shadows on the remaining open space on the site. It would not affect any existing landscaped open space on the SFGHMC campus.
Policy 5. "Relate the height of buildings to important attributes of the city pattern and to the height and character of existing development."	See responses to Objective 3, Policies 1 and 2.
Policy 6. "Relate the bulk of buildings to the prevailing scale of development to avoid an overwhelming or dominating appearance in new construction."	SFGHMC has a major institutional presence on the east side of Potrero Avenue, with buildings that are more massive and taller than other buildings along the Avenue. The hospital buildings are generally set back from the street, which somewhat lessens the appearance of massiveness. The proposed buildings would expand the presence of SFGHMC northward on Potrero. The buildings' design is intended to be somewhat similar in texture to the rest of SFGHMC and would be transitional in scale to the neighboring area.

Source: Department of City Planning, *Master Plan*, 1988, and Bendix Environmental Research, Inc.

archaeological deposits. Should any evidence of cultural or historic artifacts of significance be found during project excavation, the mitigation measure on pages 88-89 would be implemented.

IV.C.3. The Grotto

The footprint of the Skilled Nursing Facility would extend south on the site to approximately where the grotto now stands. The grotto would be incorporated into the project's landscaping design. cleaned and repaired, as

feasible. Most of the grotto would be screened from Potrero Avenue, as it is now, by tall shrubs.

IV.D. TRANSPORTATION

IV.D.1. Project Impacts

Transportation studies were performed analyzing the impacts of the proposed Mental Health Skilled Nursing Facility.[28] The results are summarized below.

The project would generate about 282 net new person trip-ends per day and about 123 new p.m. peak hour trips. Of these about 68 trips would be by individuals in private vehicles, about 9 trips by carpool, and about 36 trips by public transit.[29]

Parking

Construction of the project would eliminate 220 existing parking spaces on lot E and would provide 145 parking spaces, an on-site reduction of 75 spaces (see Table 4 to the right). The 145 project parking spaces would provide 119 replacement parking spaces and 26 parking spaces for project employees. In anticipa-

TABLE 4. PARKING SPACES

	On-Site	Total at SFGHMC
Prior to Restriping	220	610
After Restriping*	220	711*
After Project Completion	145	636

* Restriping done in advance of Project, intended to provide replacement, not additional parking.

Source: Bendix Environmental Research, Inc.

[28] Dowling, Richard, P.E., *San Francisco General Hospital Mental Health Facility: Parking and TSM Analysis*, February, 1990, Marconi, William, P.E., *Traffic Study for San Francisco General Hospital* Mental Health Facility Parking Garage, September 12, 1989, and Supplement, March 8, 1990. They are available for public review at the Department of City Planning, 450 McAllister St.

[29] Marconi, William, P.E., letter to Selina Bendix, Ph.D., of Bendix Environmental Research, Inc., January 15, 1990. Available for public review at the Department of City Planning, 450 McAllister St., San Francisco.

tion of the project, other lots at SFGHMC were restriped to provide 101 new spaces to accommodate the remaining 101 displaced parking spaces.[30,31]

The project would create a net new demand for about 98 parking spaces, 75 spaces more than the Planning Code requirement of 23 spaces for the project.[32] About twenty-six of these 98 parking spaces would be accommodated on-site. The remaining 72 spaces of demand would be accommodated on-street. This would increase the occupancy rate on the residential streets outside the hospital perimeter from the existing rate of about 84% to about 88%.[33] This analysis does not take into account the possibility that demand would be decreased by increased TSM implementation.

Traffic

P.M. peak hour (4:30 to 5:30) traffic was counted at five signalized intersections along Potrero Avenue and at seven unsignalized intersections in the project area (see Figure 21, page 60). These counts were used as the basis for analysis of 1) existing traffic conditions, 2) existing conditions plus a 1% per year increase in background traffic projected for 1995 (without the proposed project), and 3) existing conditions plus a 1% per year increase in background

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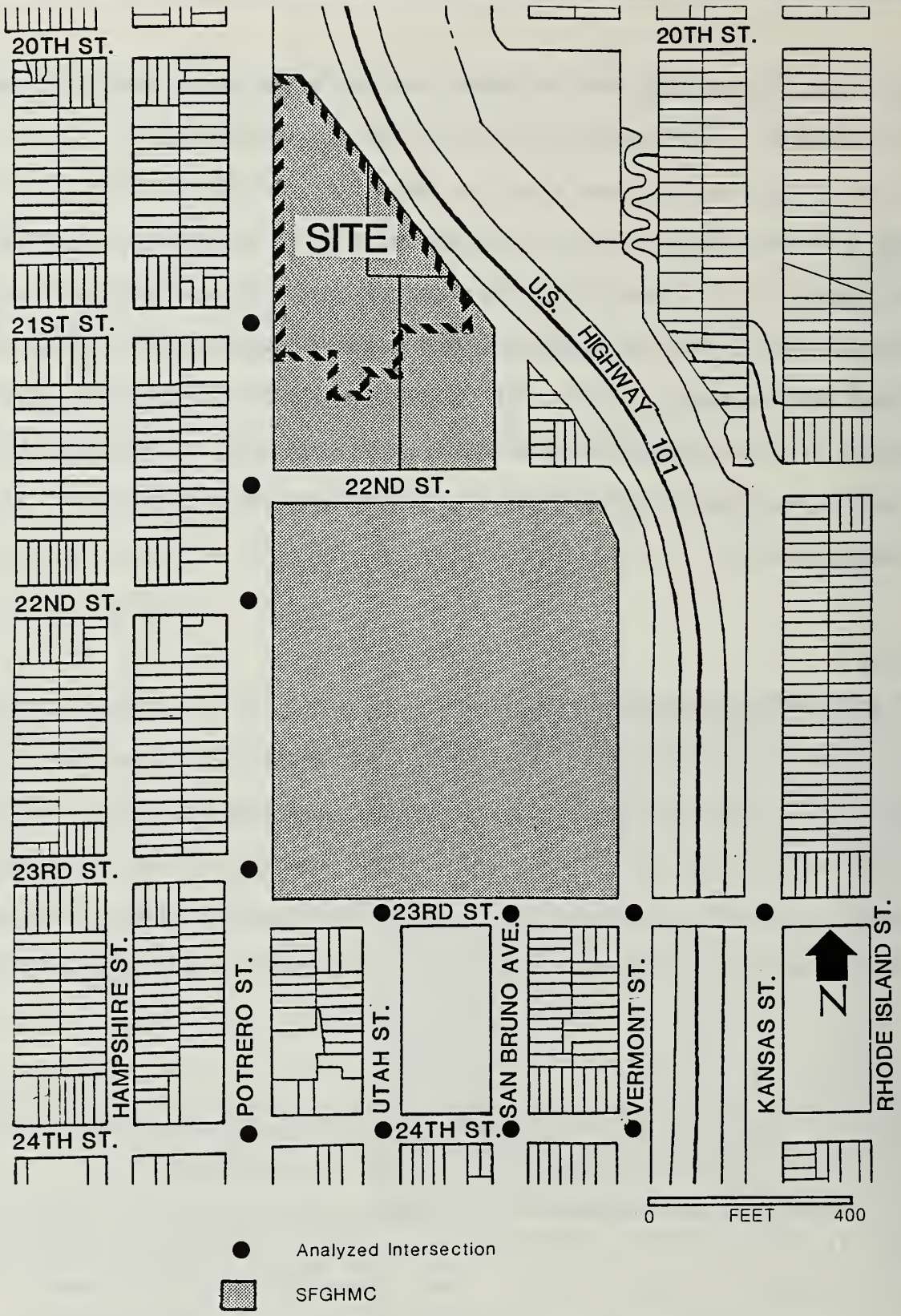
[30] Of the 220 spaces displaced by the project, 119 would be replaced on-site and 101 would be replaced in other lots at SFGHMC. Some of the additional spaces created by restriping represent legalization of unmarked spaces in which people had been parking. After construction of the Skilled Nursing Facility, there would be a net increase of 26 spaces over the number of spaces at SFGHMC prior to September 1, 1989.

[31] An agreement between the Department of Public Health and the Department of City Planning requires the former to replace all spaces eliminated on the project site (220 spaces) as well as provide the number of spaces that the project requires under the Planning Code (23 spaces). Harding, Phyllis, Project Manager, Skilled Nursing Mental Health Facility, Division of Mental Health, San Francisco Department of Public Health, telephone conversation with Gilbert G. Bendix, P.E., Bendix Environmental Research, Inc., January 19, 1990.

[32] Section 151 of the San Francisco Planning Code requires one parking space for every eight beds. 185 Beds/8 = 23.

[33] Dowling, Richard, 1990, *op.cit.*, p. 9, Table 3. Only parking shown in Table 3 as "On-Street Parking Elsewhere," Kansas Street (West Side) and Vermont Street (East Side) were used in these occupancy calculations, since these are the streets most likely to be affected.



SFGH Mental Health Skilled Nursing Facility

Figure 21. Analyzed Intersections

SOURCE: Bendix Environmental Research, Inc.

traffic projected for 1995 plus traffic generated by the project projected for 1995.

Table 5, page 62, gives the Level of Service (LOS),[34] Volume to Capacity ratios (V/C) for signalized intersections, and the LOS for unsignalized intersections in the project area for existing conditions and for 1995 conditions with and without the project. All intersections studied presently operate at LOS A (excellent) with the exception of the intersection of Potrero Avenue and 23rd Street, which operates at LOS B (very good). By 1995, the intersection of 24th Street and Potrero Avenue would change to LOS B with or without the project and the intersection of 23rd Street and Potrero Avenue would change to LOS C with or without the project. All other intersections would remain at LOS A.

The relationship of the proposed project to the Transportation Element of the San Francisco Master Plan is shown in Table 6, pages 63-65.

The SFGHMC Hospital emergency entrance is at the southeast corner of the Main Hospital building. Primary access is off 23rd Street and through the emergency entrance just west of Vermont Street (see Figure 22, page 72). Project traffic would not affect access to the emergency entrance.

The loading docks at SFGHMC are located at the east side of the Main Hospital, off Vermont Street, between 22nd and 23rd Streets (see Figure 22, page 72). These loading docks would be used for delivery of materials for the project with direct access to the site through the proposed connecting tunnel. Truck access is via 22nd Street from Potrero Avenue, then south on Vermont Street to the loading docks. Trucks exit via Vermont Street to 23rd Street. The project would not be expected to affect the number of truck trips to the loading docks.

[34] See Appendix B, page A-22, for an explanation of Levels of Service.

Table 5. Projected P.M. Peak Hour Intersection Volume-to-Capacity Ratios (v/c) and Levels of Service (LOS)

Signalized Intersections

	Existing		Existing + 1% per year w/o Project 1995		Existing+ 1% per year+Project 1995	
	v/c	LOS	v/c	LOS	v/c	LOS
21st/Potrero	0.43	A	0.46	A	0.46	A
22nd/Potrero-WB[a]	0.56	A	0.59	A	0.60	A
22nd/Potrero-EB[a]	0.48	A	0.51	A	0.52	A
23rd/Potrero	0.68	B	0.73	C	0.75	C
24th/Potrero	0.60	A	0.64	B	0.64	B

Unsignalized Intersections[b]

	Existing	Existing + 1% per year w/o Project 1995	Existing+ 1% per year+Project 1995
	LOS	LOS	LOS
23rd/Utah	A	A	A
24th/Utah	A	A	A
23rd/San Bruno	A	A	A
24th/San Bruno	A	A	A
23rd/Vermont	A	A	A
24th/Vermont	A	A	A
23rd/Kansas	A	A	A

a. WB = westbound and EB = eastbound.

b. The McTrans Center UNSIG10 computer program, based on the 1985 Highway Capacity Manual, was used to calculate the LOS for unsignalized intersections. This program is based on intersection reserve capacity and does not provide V/C ratios.

Source: Department of City Planning, *Master Plan*, 1988, and Bendix Environmental Research, Inc.

TABLE 6. RELATIONSHIP OF THE PROJECT TO THE TRANSPORTATION ELEMENT[1]

	GENERAL
OBJECTIVE 2. "Use the transportation system as a means for guiding development and improving the environment."	
Policy 6. "Provide incentives for the use of transit, carpools and vanpools, and reduce the need for new or expanded automobile and automobile parking facilities."	Project employees would be included in the SFGHMC TSM Plan which seeks to encourage the use of transit, carpools and vanpools. SFGHMC has provided prizes for transportation survey participants and for Transportation Day participants in the past.
	BICYCLES
OBJECTIVE 9. "Provide secure and convenient parking facilities for bicycles."	
Policy 1. "Include facilities for bicycle users in governmental, commercial and residential developments."	Secure bicycle parking would be provided at the Skilled Nursing Facility.

(table continues on next page)

TABLE 6. RELATIONSHIP OF THE PROJECT TO THE TRANSPORTATION ELEMENT, CON'T.

CITYWIDE PARKING PLAN	
OBJECTIVE 10. "Ensure that the provision of new or enlarged parking facilities does not adversely affect the livability and desirability of the City and its various neighborhoods."	
Policy 1. "Assure that new or enlarged parking facilities meet need, locational and design criteria."	There would be 145 spaces on the site, which would in part offset the displacement of 220 spaces of existing parking. The remainder of displaced on-site parking would be replaced in other SFGHMC parking lots.
Policy 4. "In any large development, allocate a portion of the off-street parking spaces for compact automobiles."	The project parking lot would have spaces allocated for compact vehicles.
Objective 11. "Contain and lessen the traffic and parking impacts of institutions on surrounding residential areas."	The proposed project would worsen to some degree parking conditions in the surrounding area by attracting more vehicles to SFGHMC. The 4:30-5:30 p.m. peak hour vehicle trips due to the project would not change LOS at any of the intersections studied.
Policy 1. "Limit the provision of long-term parking facilities at institutions and encourage such institutions to regulate existing facilities to assure use by short-term clients and visitors."	Project employees would be covered by the SFGHMC TSM program for employees on regular schedules which attempts to discourage single occupant vehicles commuting. Parking policies restricting parking privileges or affecting parking cost are part of TSM. Some project staff would be covered by SFGHMC provisions for parking by project staff whose schedules are governed by medical emergencies which allow them reserved priority parking.

(table continues on next page)

TABLE 6. RELATIONSHIP OF THE PROJECT TO THE TRANSPORTATION ELEMENT, CON'T.

OBJECTIVE 12. "Relate the amount of parking in residential areas to the capacity of the city's street system and land use patterns."	
Policy 3. Protect residential neighborhoods from the parking impacts of nearby traffic generators."	The project would eliminate 220 spaces on-site and would provide 145 spaces, a 75 space shortfall. Project demand would be 98 spaces, for a total demand of 173 spaces created by the project. 101 of these 173 spaces would be accommodated in other SFGHMC lots. The remaining 72 vehicles would be parked on the street.

1. Department of City Planning, *Master Plan*, Transportation Element, 1983.

IV.D.2.

Cumulative Impacts

As part of the transportation studies for this project, cumulative parking and traffic impacts of the proposed project and other nearby developments were analyzed under a variety of scenarios: no garage adjacent to SFGHMC; two sizes of garages adjacent to SFGHMC constructed on the Public Utilities Commission property bounded by 23rd, 24th and Utah Streets and San Bruno Avenue; implementation of a Residential Permit Parking Program for blocks along residential property in the vicinity of SFGHMC; and increased effectiveness of a Transportation Systems Management (TSM) Program conducted by SFGHMC (including the project) for all employees and visitors.[35] Construction of a 200-space garage

[35] The traffic analysis done for this EIR (Marconi, William, P.E., *Traffic Study for San Francisco General Hospital Mental Health Facility Parking Garage*, September 12, 1989) was based on an earlier parking and TSM analysis (Dowling, Richard, P.E., *San Francisco General Hospital Mental Health Facility: Parking and TSM Analysis*, August, 1989). The August 1989 analysis considered three levels of TSM Effectiveness: "low", "medium" and "high".

by the Gladstone Foundation for Cardiovascular Research[34] on its property fronting 24th Street between Utah Street and Potrero Avenue was assumed for the scenarios involving construction of parking garages.

The various conditions analyzed are described below (see Appendix B, Table 9, page A-25, for a matrix showing each of the individual scenarios analyzed). The environmental application for the Gladstone Foundation is inactive and will probably be withdrawn.[35] The analysis, therefore, provides a conservative environmental assessment and is intended to provide maximum information regarding parking conditions and impacts in the area which are of concern to area residents and workers. The project's contribution to traffic and parking impacts would be to worsen parking conditions in the area as discussed on page 59, but would not change Levels of Service at any of the intersections studied.

A parking garage is included in the short-range development plan for SFGHMC in the Hospital's 1987 Institutional Master Plan (IMP). The preferred location identified in the IMP includes the entire block immediately south of SFGHMC, across 23rd Street, currently used as a maintenance facility for nonrevenue vehicles by the San Francisco Municipal Railway. The parcel is under the jurisdiction of the San Francisco Public Utilities Commission, which has declared the site surplus in anticipation of moving these functions to a more modern and appropriate location. Planning for future use of this block has been deferred because of the discovery that underground fuel tanks there have been

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However, subsequent analysis has resulted in the revision of the parking analysis to include two levels of TSM effectiveness (Dowling, Richard, P.E., *San Francisco General Hospital Mental Health Facility: Parking and TSM Analysis*, February,1990). The "low" level in the August 1989 report was dropped and the "medium" level in the August, 1989 report was redefined as "low" in the revised February 1990 report. This EIR uses these two levels of TSM effectiveness. The 1990 Supplmental Marconi report previously cited explains the effect of these changes on the Marconi analysis.

[34] The Gladstone Foundation for Cardiovascular Research, Environmental Evaluation Application, 89.232E, filed April 24, 1989.

[35] O'Brien, Harry, San Francisco attorney for the Gladstone Foundation, telephone conversation with Gilbert G. Bendix, Bendix Environmental Research, Inc., January 10, 1990.

leaking.[36] Reuse of the property cannot be implemented until the extent of the underground leakage is known, remedial measures are designed, and an estimate is made of how long it will take to clean up the property.

The size of any future garage at this location has not been determined. The 1987 SFGH IMP considered sized from 857 parking spaces to 1,370 parking spaces,[37] and for this reason this EIR analyzes garages of both 850 spaces and 1,400 spaces.

SFGHMC is in the process of implementing a Transportation System Management Program (a set of promotional, educational and incentives measures designed to reduce vehicle use by employees and visitors).[38] To assess the relative effectiveness of institutional TSM efforts and related measures affecting employee transportation decisions on how to travel to SFGHMC (modal choices), an examination was made of programs at six San Francisco medical institutions, including SFGHMC.[39] All six of the hospitals studied have in-house TSM programs which, to varying degrees, include most of the program elements outlined in draft guidelines prepared by the Joint Institutional Transportation Brokers Association (JITBA) in consultation with the Department of City Planning, and some level of institutional management involvement and direction. Some programs, however, are more aggressive than others in that they may do more to promote or encourage use of transit and ridesharing.

The relative effectiveness of in-house TSM programs was found to be strongly influenced by outside factors, such as availability of unrestricted on-street

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[36] San Francisco Department of Public Health, Toxic Control Management Program, Proposition 65 Hazardous Waste Release Disclosure Forms, May 15, 1987 and March 18, 1988, available for review at the Department of City Planning, 450 McAllister Street, San Francisco, CA.

[37] San Francisco General Hospital Institutional Master Plan, 1987, § 4.3.

[38] Transportation Systems Management Program for San Francisco General Hospital, April 1, 1988; revised April 6, 1988.

[39] Dowling, Richard, 1990, *op. cit.*

parking, and availability of transit service. The most effective programs are those which include at least moderately aggressive measures by the institution itself, coupled with external constraints such as residential permit parking in the immediate area. Available data prohibit evaluation of the effects of the institutions' in-house efforts separately from these external factors. For this reason, relative TSM effectiveness was measured for this analysis in the context of combined in-house efforts and such external factors.

The existing TSM program at SFGHMC consists primarily of marketing strategies to promote alternative commute modes to its employees, as well as measures to make more efficient use of available parking. The overall TSM program effectiveness at SFGHMC is considered to be relatively "low" at the present time,[40] primarily because parking within SFGHMC is free, the SFGHMC parking permit system does not effectively limit employee parking within the SFGHMC grounds and abutting streets,[41] and there is little or no restriction on on-street parking in the surrounding neighborhood. The incentive to use transit or ridesharing, ordinarily provided by the limited amount of parking provided on the SFGHMC campus, is counteracted by the availability of unrestricted street parking nearby. Further, transit service to SFGHMC does not compare favorably with some other San Francisco medical institutions.

A more aggressive TSM program on the part of SFGHMC would also include disincentives such as charges for parking, although the incentive of free parking might be extended for those who rideshare. For the TSM program effectiveness to be considered "high" relative to other hospitals studied, these additional

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[40] Dowling, Richard, 1990, *op. cit.*

[41] There are presently more employees with permits than there are permit parking spaces. All permits are not used every weekday because of vacations, illness and schedule arrangements. Currently there is no charge for a permit and permits are awarded based on employee status. Source: Walera, Ed, SFGHMC, telephone conversation with Tom Burton, Bendix Environmental Research, Inc., August 31, 1989.

measures would need to be coupled with outside factors which could induce modal change toward increased use of transit and ridesharing, such as increased transit service, and a Residential Permit Parking Program in the neighborhood. These are measures which SFGHMC can support, but which it cannot implement.[42]

A Residential Permit Parking Program would provide resident parking stickers for vehicles for those who live within the designated area, and limit parking of non-resident vehicles, generally along street frontages abutting residentially-zoned property, to a maximum of time (usually two hours during daytime hours for permit areas around hospitals). It is assumed in this analysis that a Residential Permit Parking Program for the SFGHMC area would include residential streets within a 3 or 4 block radius of the campus.

The 23rd Street and Potrero Avenue frontages on the SFGHMC side, 22nd and Vermont Streets within and immediately abutting SFGHMC grounds, and the 23rd Street bridge would not be included in a residential permit parking area because they do not abut residentially zoned property.

In development of the TSM program for the 1987 IMP and continuing TSM implementation, surveys were performed at SFGHMC to determine the demand for parking generated by its employees and visitors.[43] This analysis uses the results from a 1989 survey, assumed to have greater statistical reliability because of

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[42] A Residential Permit Parking Program is implemented by the Board of Supervisors, after recommendation by the Department of Public Works and a public hearing. The Department of Public Works will consider a permit program only at the request of a majority of the neighborhood residents, through submitting petitions with at least 250 resident signatures directly to the Director of Public Works. The Bureau of Traffic Engineering and Operations has received requests for the implementation of permit parking in the vicinity of SFGHMC, but no such petition has been filed. Chin, Stanley, Bureau of Traffic Engineering and Operations, San Francisco Department of Public Works, telephone conversation with Tom Burton, Bendix Environmental Research, Inc., October 27, 1989.

[43] The surveys were performed by SFGHMC for its own use, to assist in its development of a Transportation Systems Management Plan, not for this EIR. The results of the 1987 survey were published as Appendices B and C of the 1987 SFGH IMP. An analysis of the 1989 survey is in Dowling, Richard, 1990 *op. cit.* A tabulation of the 1989 survey and the cited documents are available for public review at the Department of City Planning, 450 McAllister Street, San Francisco, CA 94102.

a significantly higher response rate.[44] This survey found that 59 percent of the employee respondents drove alone (13% less than in 1987), 10 percent shared a ride (unchanged from 1987), and 25 percent used public transit (approximately double the 1987 results). The percentage of respondents who used "other" modes of commuting remained constant in the two surveys. The 1989 visitor survey responses were similar to those of visitors in the 1987 survey. The total current parking demand for SFGHMC employees and visitors as calculated from these surveys is 1,650 spaces.

A study of parking conditions related to SFGHMC employees and visitors was conducted in 1987 for the IMP, and another study conducted in 1989 for this analysis.[45] Both studies included an examination of on-street conditions within the same three block radius of SFGHMC, and found similar conditions. Occupancy of the approximately 2,100 on-street parking spaces (including streets within SFGHMC grounds) in the study area is about 87 percent.[46] Of the 2,100 spaces, about 1,170 are occupied by hospital-related vehicles.[47]

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[44] The two surveys were administered differently, using different questionnaires. The differences in results could be due to these methodological differences. However, the 1987 survey overrepresented doctors and technicians. Doctors and technicians represent a lower proportion of the 1989 survey (Dowling, Richard, 1990, *op. cit.*, p. 5). Because there were about three times as many responses to the 1989 survey as in 1987, the latter survey is assumed to have a greater validity (Marconi, William, P.E., EIR Transportation Consultant).

[45] The 1987 survey is presented in DKS Associates, SFGH Master Plan Update Transportation Study, published as part of the 1987 SFGH IMP. The 1989 survey results are presented in Dowling, Richard, *op.cit.*, prepared for this EIR. These documents are available for public review in the Department of City Planning, 450 McAllister Street, San Francisco, CA 94102.

[46] The 1987 study found an on-street occupancy rate of about 83% and the 1989 study found an on-street occupancy rate of about 87%. The difference in occupancy rates is within the range of accuracy of the analyses and not statistically significant.

[47] The 1987 study estimated SFGHMC-related on-street parking demand of 1,190 spaces on the basis of consideration of parking turnover and walking distance from SFGHMC. The 1989 study estimated SFGHMC-related on-street parking demand of 1,170 spaces by extrapolating the results of a postcard study of curb-parked vehicles within the study area. The difference in number of spaces is within the range of accuracy of the analysis and not statistically significant. Dowling, Richard, *op. cit.* A tabulation of the 1989 postcard survey is available for public review at the Department of City Planning, 450 McAllister Street, San Francisco, CA 94102.

CUMULATIVE PARKING IMPACTS

Existing parking facilities and circulation are shown in Figure 22, page 72. Proposed parking facilities and circulation included in the cumulative analysis are shown in Figure 23, page 73.

Currently, the availability of free parking off-campus is such that it is unlikely more aggressive TSM efforts on the part of SFGHMC itself, limited to its campus, would have any significant effects on employee drive-alone mode splits. Efforts to discourage employee parking within SFGHMC would only cause more vehicles to spill onto neighborhood streets.

If a Residential Permit Parking Program were to be instituted for a 3 to 4 block area surrounding SFGHMC, with any level of TSM program at the hospital but without alternative parking such as a garage, on-street parking demand for the institution would be reduced by about 150 spaces[48] within the area affected by the permit parking restriction. An additional number of vehicles would be diverted from this area to streets outside of the permit area.

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[48] Dowling, Richard, *op. cit.*

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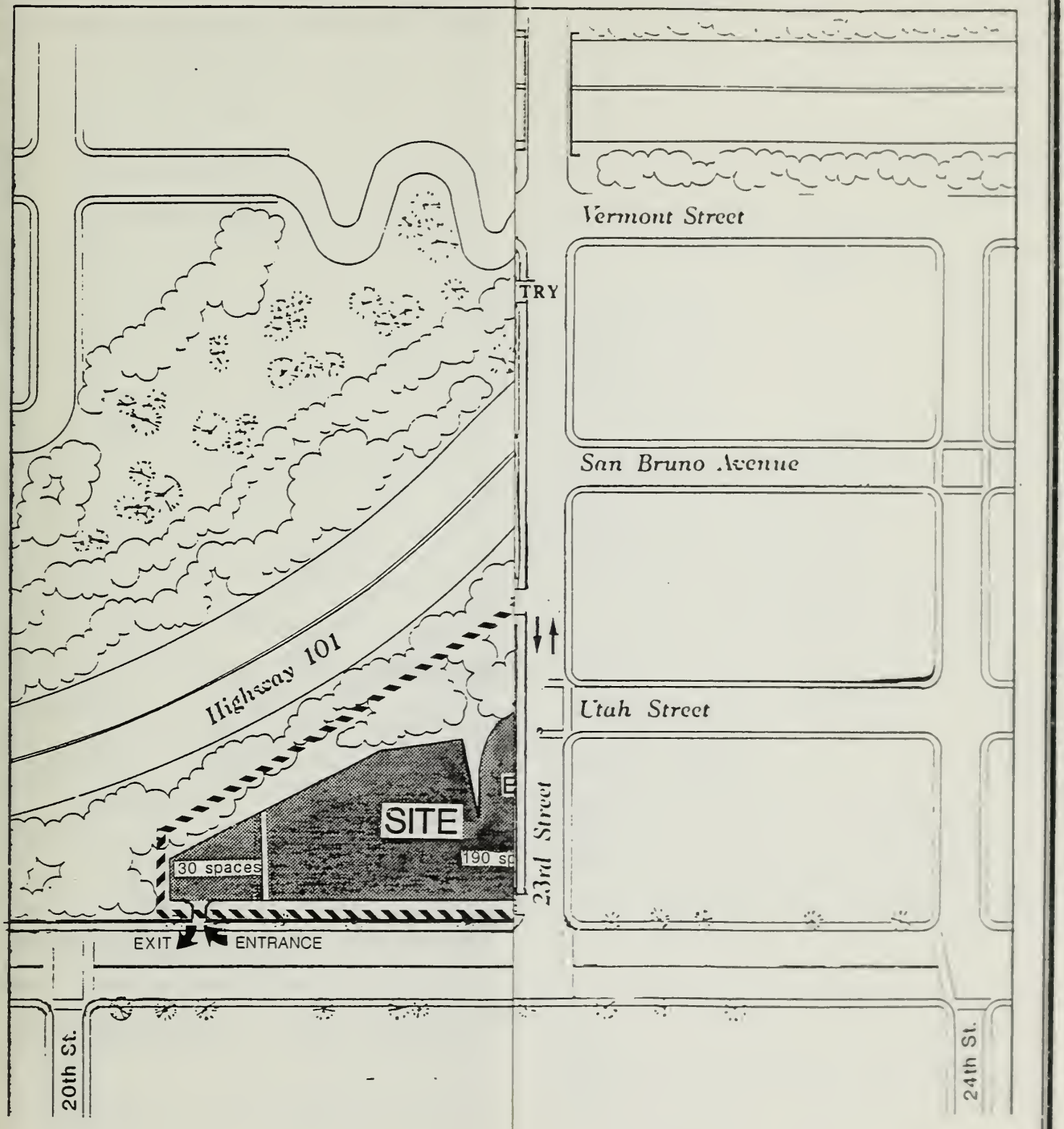

SFGH Mental Health Skilled Nursi

Figure 22. Existing Parking and C

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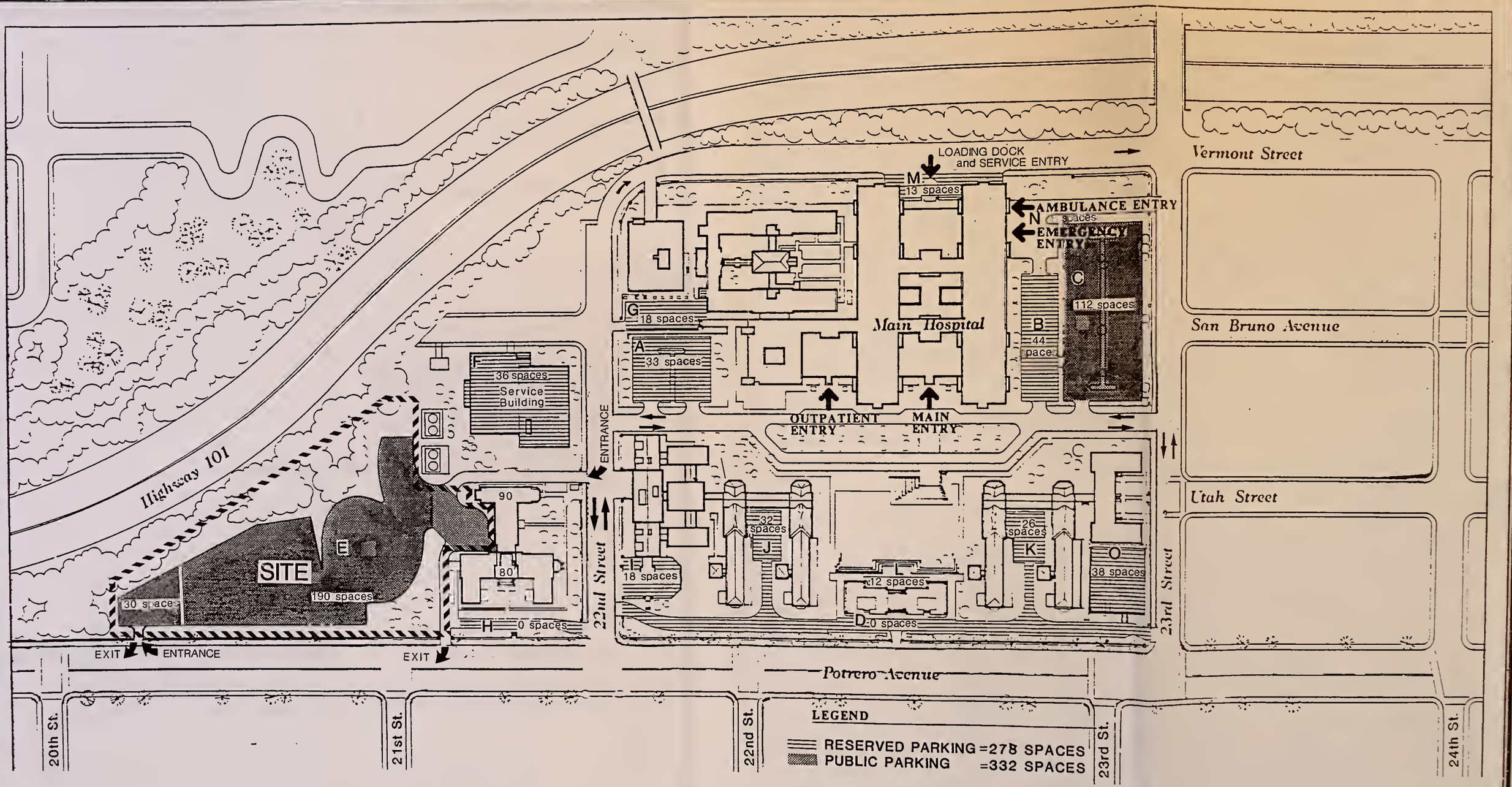
NOTE: Existing conditions at time of parking surve
See PDEIR page for discussion of chan

plan, McLaughlin and Diaz, and Bendix Environmental Research Inc.

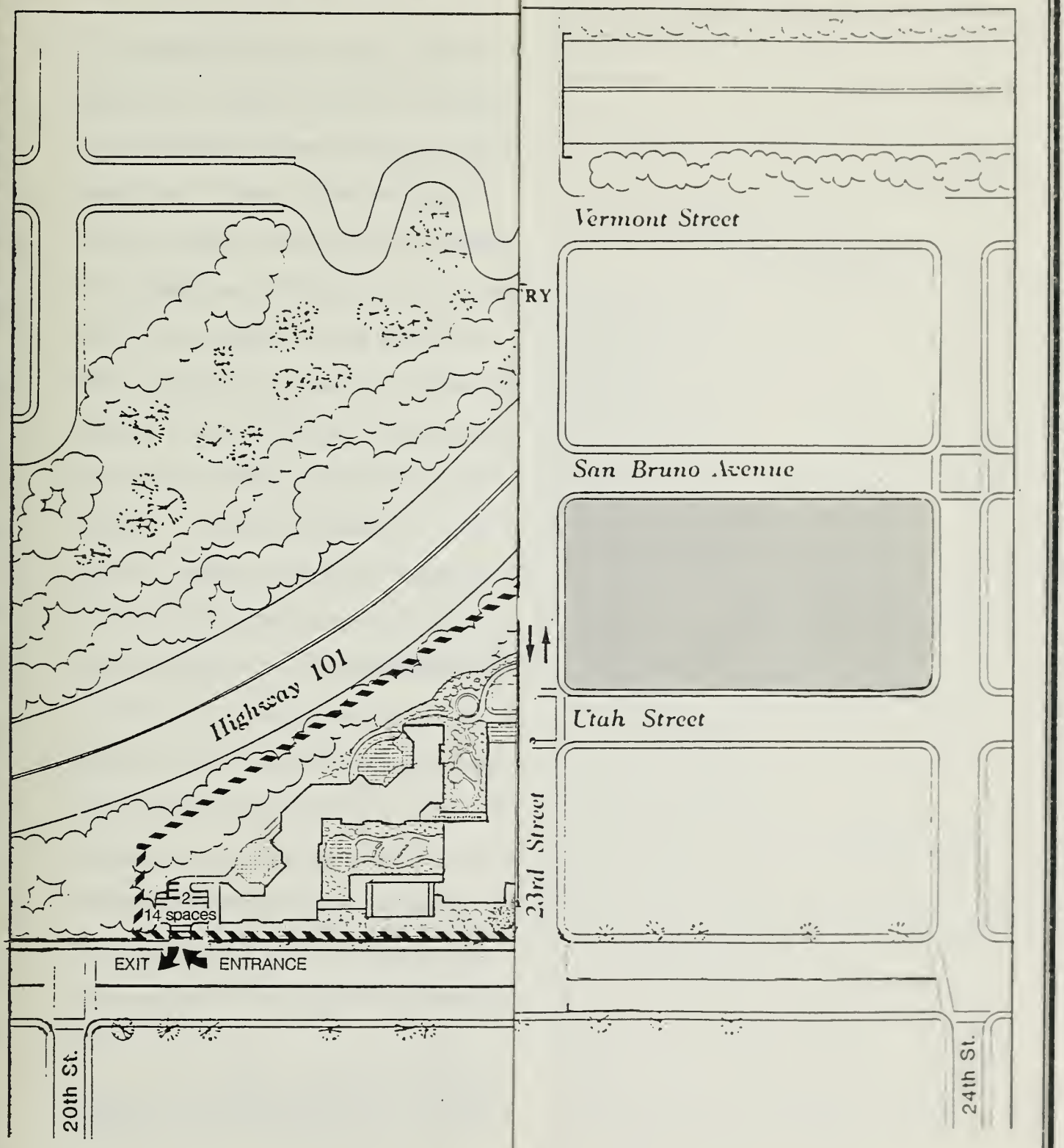


SFGH Mental Health Skilled Nursing Facility

Figure 22. Existing Parking and Circulation

NOTE: Existing conditions at time of parking survey on June 15, 1989.
See PDEIR page for discussion of changes made September 1, 1989.

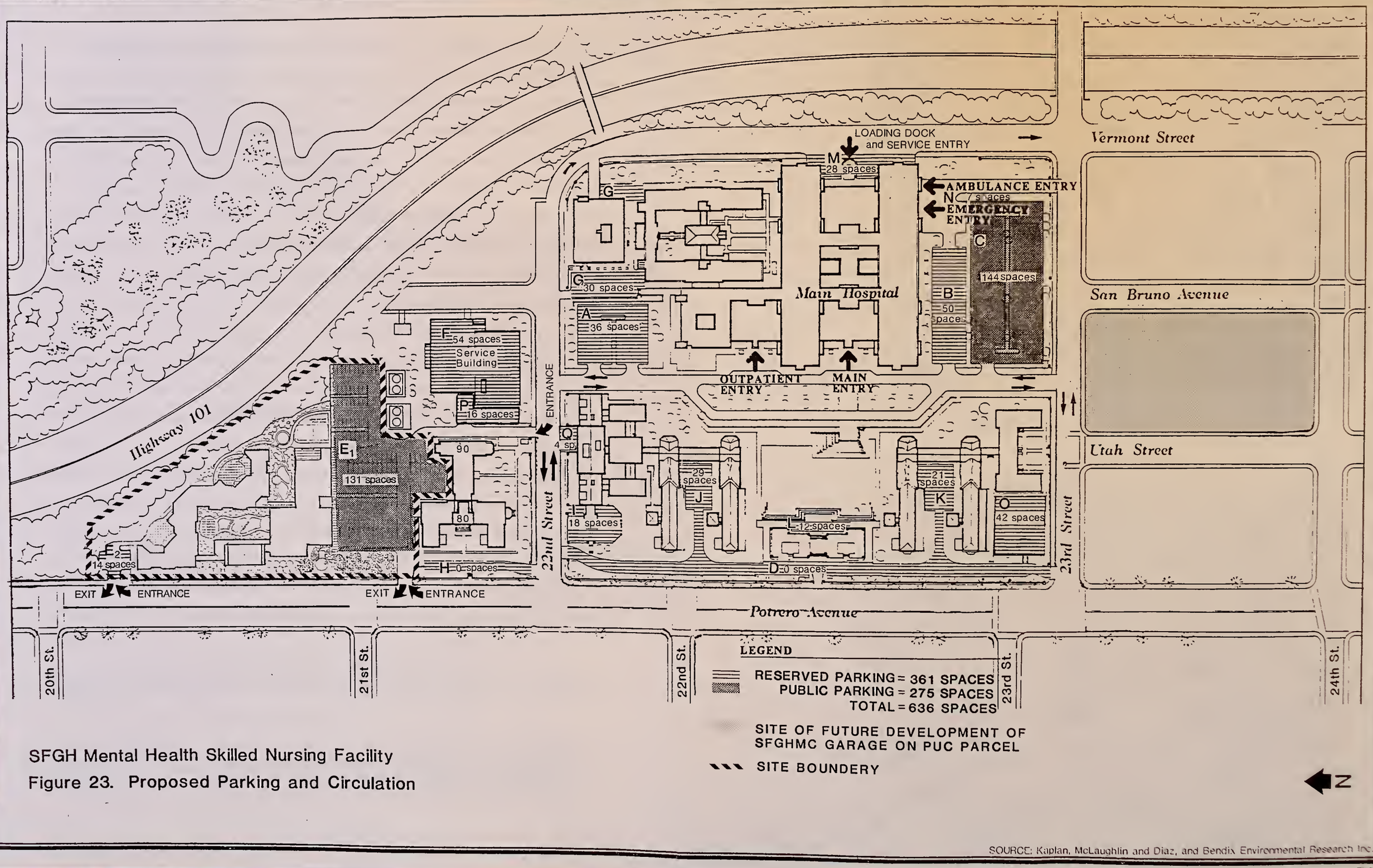
SOURCE: Kaplan, McLaughlin and Diaz, and Bendix Environmental Research Inc.



SFGH Mental Health Skilled Nursin

Figure 23. Proposed Parking and

plan, McLaughlin and Diaz, and Bendix Environmental Research Inc.



SFGH Mental Health Skilled Nursing Facility

Figure 23. Proposed Parking and Circulation

SOURCE: Kaplan, McLaughlin and Diaz, and Bendix Environmental Research Inc.

If an 850-space garage were to be constructed for SFGHMC on the PUC site adjacent to SFGHMC, without any additional measures such as increased TSM efforts[49] or a Residential Permit Parking Program in the adjacent neighborhood, the impact would be to induce more employees and visitors to drive than currently do so. Parking demand would increase by about 100 parking spaces, over existing levels. The garage would reduce on-street parking by about 220 vehicles.[50] On-street parking occupancy for the entire area surveyed for the IMP in 1987, and in 1989 for this EIR, was shown to be about 87 percent. However, diversion of vehicles from on-street parking to a garage would most likely occur on streets in residential areas near SFGHMC to a greater degree than on streets within or abutting SFGHMC grounds. Parking occupancy of these residential streets[51] was shown to be 84 percent; with a diversion of about 220 vehicles to a garage, the occupancy would be reduced to 72 percent. In combination with a Residential Permit Parking Program for residential blocks within a 3 or 4 block radius of the campus, up to a total of 450 vehicles total would be diverted from these residential streets to the garage,[52] and the parking occupancy would be reduced from 84 percent to 58 percent. Some undetermined additional number of vehicles now parked on-street would not use the garage, but would shift from the area impacted by the Residential Permit Parking Program to blocks outside the established permit area boundaries, increasing parking problems there (the number would depend upon the limits of the boundaries). On-street parking along block faces within or abutting the SFGHMC grounds would

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[49] It is assumed in this analysis that a fee would be charged for a garage of any size, probably in the range of fees charged in garages at other hospitals in San Francisco. The fee would tend to support the objectives of the TSM program, but would also tend to induce some employees to continue to park on-street or illegally within the SFGHMC grounds.

[50] Marconi, William, 1989, *op. cit.*, pp. 18-19.

[51] Dowling, Richard, 1990, *op.cit.*, p. 9, Table 3. Only parking shown in Table 3 as "On-Street Parking Elsewhere," Kansas Street (West Side) and Vermont Street (East Side) were used in these calculations, since these are the streets most likely to be included in a Residential Permit Parking Program.

[52] Marconi, William, 1989, *op. cit.*, p. 27.

not be affected by the Residential Permit Parking Program and conditions along these blocks would thus worsen, becoming even more overcrowded than the existing occupancy of 100 percent and above.

An 850-space garage plus residential permit parking would not have any substantial effect on employee mode split and vehicle use over existing conditions. The vehicles displaced from street parking as a result of the residential permit parking would simply use the garage.

The combination of an 850-space garage, Residential Permit Parking Program and a highly effective TSM program for the SFGHMC campus would have the effect of reducing employee vehicle use and total (on-street and off-street) parking demand by about 150 parking spaces. On-street parking conditions within the boundaries of a residential permit parking area would not tend to exhibit further improvement than that discussed above, however. The additional vehicles diverted by the increased and more effective TSM effort would likely be those which park on streets not included in the residential permit parking boundaries.

A 1,400-space garage at the same location would likely have similar impacts for on-street parking as a smaller facility, for each of the scenarios described above. However, because the capacity of the facility would exceed the on-street parking demand by about 250 spaces, it would tend to induce more employees to use autos for commuting. Employee vehicle use would be expected to increase by 5 to 10 percentage points (from the current ratio of 0.60 vehicles per employee to 0.65 or 0.70 vehicles per employee) with a facility this size, increasing traffic in the area.

Traffic

The intersections of Potrero Avenue with 21st and 22nd Streets would have LOS A under existing conditions and would either remain at LOS A (excellent)

or change to LOS B (very good) under all scenarios (see Tables 9 and 10, pages A-25 and A-26).[53] The construction of either size garage at the PUC property would cause the existing LOS A at Potrero Avenue and 24th Street to worsen to LOS C (good), regardless of the level of TSM or implementation of a Residential Permit Parking Program (see Table 7, page 77). The intersection of Potrero Avenue and 23rd Street is at LOS B and would worsen to LOS C by 1995 without the project. With the project and implementation of a Residential Permit Parking Program, a "High" level of TSM effectiveness, and no garage the intersection would remain at LOS B. The intersection would drop to LOS C with the project, and LOS D (fair) with the project and the combination of construction of the 1400 space garage, the implementation of a Residential Permit Parking Program and the present level of TSM effectiveness (see Table 7, page 77). This is because of increased traffic entering and exiting the garage. Table 5, page 62, delineates the localized impacts of the project and future conditions. Table 7, page 77, considers localized impacts of an expanded set of scenarios including more effective TSM and construction of an SFGHMC serving garage.

A plan is under preliminary consideration by the Bureau of Traffic Engineering and Operations of the Department of Public Works to add a portion of the southwest corner of the SFGHMC site to the east leg of 23rd Street near Potrero Avenue to create an additional westbound traffic lane so the two legs of 23rd Street would be in improved alignment. This realignment of 23rd Street would prevent the intersection from deteriorating beyond LOS C under any scenario,

[53] Appendix B, page A-22, gives the volume to capacity (V/C) ratios and LOS for the signalized intersections for all analyzed conditions. The DKS INTCAP computer program, based on the Circular 212 Planning Method, was used for the signalized intersections. This method allows for adjustments for the effects of pedestrians and bus/truck traffic on intersection function. Because few pedestrians were observed at these intersections, no adjustments were made for same. Buses and trucks of more than two axles were counted as the equivalent of two passenger cars.

TABLE 7. LOS FOR SELECTED INTERSECTIONS

23RD/POTRERO				
Without Project	Existing: LOS B		1995: LOS C*	
With Project 1995* and:	Without RPPP**		With RPPP	
	TSM Effectiveness Low	High	TSM Effectiveness Low	High
No garage	C	C	C	B
850 space garage***	C	C	C	C
1400 space garage***	C	C	D	C
24TH/POTRERO				
Without Project	Existing: LOS A		1995: LOS B*	
With Project 1995 and:	Without RPPP**		With RPPP	
	TSM Effectiveness Low	High	TSM Effectiveness Low	High
No garage	B	B	B	B
850 space garage***	C	C	C	C
1400 space garage***	C	C	C	C

* Existing + 1% per year background traffic increase.

** RPPP = Residential Permit Parking Program

*** Includes Gladstone Garage.

Source: Marconi, William, P.E., and Bendix Environmental Research, Inc.

as it would reduce confusion.[54] Implementation would require coordination by SFGHMC and the San Francisco Department of Public Works, and approval by the Health Commission, the Department of Public Works, and the Board of Supervisors after a public hearing.

The seven unsignalized intersections studied would remain at LOS A under all scenarios exception for the intersection of 23rd and Utah (see Table 11, page A-27).[55] Construction of a 1400-space garage, coupled with a Residential Permit Parking Program and low TSM effectiveness, would cause the intersection of 23rd and Utah Streets to change from LOS A to LOS B.

Neither the project nor the project plus cumulative conditions would result in crowding on Muni buses or the need for more Muni vehicles. The # 9-San Bruno southbound operates with all seats filled and a few standees at peak hour. The other Muni lines now operate with some vacant seats. Project trips would not have a noticeable effect on present conditions.[56]

IV.D.3. Construction Impacts

The most truck activity is expected during foundation excavation, when about 8,000 cubic yards of material would be removed from the site during a 3-week period. Excavation would require about 200 truck round trips, an average of 27 trips per day in or out of the site between 7:30 a.m. and 4:30 p.m.[57] Based on a 6-hour work period, four to five loads would leave the site per hour. The

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[54] For example, those westbound motorists who turn right onto Potrero Avenue are undecided as to whether they should continue through the crosswalk at the north leg of the intersection. With a redesigned intersection and crosswalk realignment this problem would be eliminated.

[55] The McTrans Center UNSIG10 computer program, based on the 1985 Highway Capacity Manual, was used to calculate the LOS for unsignalized intersections. This program is based on intersection reserve capacity and does not provide V/C ratios. Appendix B, Table 14, page A-27, gives the LOS for the unsignalized intersections.

[56] Marconi, *op. cit.*

[57] Bonnuti, Alex, Kaplan/McLaughlin/Diaz, correspondence of September 25, 1989 with Gilbert G. Bendix of Bendix Environmental Research, Inc.

trucks would probably leave via 22nd Street and turn left on Potrero Avenue to head south. Since this intersection is now operating at LOS A and a V/C ratio of 0.48 during the peak hour, no noticeable construction traffic impacts would be expected.

During construction, the 220 parking spaces currently on the project site would be accommodated by the 101 spaces already created through restriping, in combination with one or more of the following measures: the provision of replacement parking spaces on-site in a phased manner; replacement of spaces temporarily somewhere else on-campus; or provision of temporary off-campus parking with a shuttle as necessary.

SFGHMC would extend its transportation system management program to project construction workers. Information about the effects on construction workers' mode of travel would be included in the SFGHMC reports on the annual survey of employee mode of travel to work.

IV.D.4. Pedestrian Impacts

Observations indicated that pedestrian volumes are light and sidewalks are able to serve walkers now and under foreseeable circumstances.[58] Up to 360 p.m. peak hour pedestrian crossings of 23rd Street at San Bruno Street and 510 at Utah Street would be generated by the construction of the 1400-space garage and the Gladstone garage. This number of pedestrians coupled with the projected vehicular volumes on 23rd Street would be below that required to meet Caltrans minimum requirements for a traffic signal.[59]

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[58] Marconi, William, 1989, *op. cit.* page 30. Conditions were observed at different times of the day at different locations. It appeared that the most used sidewalk was on 23rd Street and the most use in the evening peak hour. The northerly sidewalk has a gross width of 12 ft. and an effective width of 8 ft. Figure 13-8 of the 1985 Highway capacity manual indicates that a sidewalk of this width would carry up to 16 pedestrians per minute at pedestrian LOS "A". In the opinion of the Consultant, pedestrian volumes are much less than this. Marconi, William, P.E., correspondence of January 15, 1990 *op.cit.*

[59] Marconi, William, *loc. cit.*

During construction, the project sponsor would maintain pedestrian walkways along public rights of way adjacent to the project in consultation with appropriate City agencies, including the Department of City Planning.

IV.E. BIOLOGY

The construction of the proposed project and its parking area would require the removal or relocation of some trees. Removal of trees would decrease somewhat the variety of local wildlife habitat (the date palms, in particular, provide some wildlife food value; there is bird activity in all the trees). Building construction would decrease available habitat and temporarily disturb animals. The major impact of removal of trees on the project site would be a visual one, as some vegetation would remain and the project would be landscaped.

Up to nine trees would be removed from along Potrero Avenue and six trees may be relocated.[60] The project landscape architect, Antonia Bava, proposes to relocate two of the four mature date palms and the three immature date palms to create a palm grove just north of the Potrero Avenue entrance to the project.[61] The landscape architect would consult a qualified tree expert on the relocation of the palms and related issues. If the landscape architect decided to relocate the palms, they would be moved directly to their new locations, following the necessary grading of the site, and a fence would be placed around the area to protect them from damage during construction.[62]

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[60] Decisions to relocate would be based on a forester's advise as to whether the trees would withstand transplantation stress. Bava, Antonia, project landscape architect, telephone conversation with Melissa Duryea of Bendix Environmental Research, Inc., January 16, 1990.

[61] The other two mature date palms would be left in place. According to the landscape architect, tree movers generally have the necessary expertise to move such trees. Bava, Antonia, telephone conversations with Tom Burton of Bendix Environmental Research, Inc., August 24 and September 22, 1989.

[62] Bava, Antonia, landscape architect, conversation during site visit with Pamela Hodgins of Bendix Environmental Research, Inc., July 18, 1989.

The seven dracenas at the site would be removed. These trees have been characterized by the landscape architect as "past their prime" and, therefore, not appropriate for inclusion in a long range design plan.[63]

The California pepper tree has "conks," or fungal growths, around its trunk, a sign of internal infection. Based on the assessment of a tree expert, a decision would be made as to whether the tree would remain and be incorporated into the general landscape design. The tree is estimated to be over 40 years old and may have been planted at the time the grotto was built.[64]

The landscape architect is considering removal of the Bay tree. The tree is in good health and considered to be quite mature. The Bay tree is not compatible with project plans to expand the palm grove adjacent to the grotto.[65]

The trees and other plants to be removed would be replaced by new landscaping. The minimum size of replacement trees would be 15 gallon size.[66]

An unknown number of trees may be removed from the eastern edge of the site. (About 50% of the eastern slope trees are on the parcel to be transferred from the Recreation and Parks Department to the Health Department.) SFGHMC's landscape architect would consult with an appropriate expert as to the best treatment for the grove of eucalyptus trees on the east side of the site, some of which are damaged or unhealthy. Typically, management of eucalyptus trees involves thinning them gradually, removing the most diseased and weakened trees first, and later removing limbs which could break and fall. Several of the weakened

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[63] Bava, Antonia, landscape architect, telephone conversation with Tom Burton of Bendix Environmental Research, Inc., of September 22, 1989.

[64] Bava, Antonia, telephone conversation with Tom Burton of Bendix Environmental Research, Inc., August 24, 1989.

[65] Bava, Antonia, landscape architect, telephone conversation with Tom Burton of Bendix Environmental Research, Inc., September 22, 1989.

[66] Bava, Antonia, project landscape architect, telephone conversation with Melissa Duryea, Bendix Environmental Research, Inc., January 16, 1990.

eucalyptus would be removed at the beginning of the landscaping work. The eucalyptus on the eastern slope would be replaced on a greater than one-for-one basis with healthy eucalyptus or other trees.[67] About 20 mature and relatively healthy eucalyptus would be removed because they are growing within the footprint of the proposed buildings.

The landscape architect proposes to introduce some type of conifer (probably redwood or deodar cedar) gradually to replace removed eucalyptus and to fill in the existing holes in the eastern tree screen. Unlike eucalyptus, the growth pattern of these conifers would provide foliage density from the ground up to the top of the tree as these tree types retain their lower branches.

Street trees along Potrero Avenue are under the jurisdiction of the City of San Francisco Department of Public Works. If new construction, site preparation, or access were to require removal of any of these trees, approval of removal and a permit would be required from that department.[68] Any street trees removed would be replaced.

Individual trees between Potrero Avenue and the existing parking lot on the southern portion of the project site would also be evaluated by a qualified tree professional to determine their health and appropriateness for incorporation into the proposed project. Trees to be saved would be marked and protected from damage during construction. Trees too diseased or too old to warrant being saved, and those unavoidably destroyed by building placement and project construction, would be replaced on at least a one-for-one basis using, in so far as possible, native species.

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[67] Bava, Antonia, project landscape architect, telephone conversation with Melissa Duryea, Bendix Environmental Research, Inc., January 16, 1990.

[68] Baker, Melvin, Urban Forester, Department of Public Works, City of San Francisco, telephone conversation with Diane Renshaw, Ecological Sub-consultant, May 1989.

IV.F. CONSTRUCTION NOISE

Ambient noise in the vicinity of the proposed project site is dominated by the trucks, cars, Muni buses and emergency vehicles using Potrero Avenue and U.S. 101. Noise measurements taken during the weekday p.m. peak commute time are about 71 dBA[69] on the corner of Potrero and 21st Streets and 65 dBA at the north end of Vermont Street, the easternmost street of the SFGHMC, parallel to U.S. 101.[70] Noise measurements near building 80/90, directly south of the site, averaged 63 dBA. Appendix C, pages A-28 and A-29, gives the location and magnitude of noise readings taken near the site and on the site.

Demolition of the parking lots, excavation, and building construction would temporarily increase noise levels in the vicinity of SFGHMC. Site preparation would involve bulldozers, graders, dumptrucks and drilling rigs. There would be no pile driving. Noise levels of up to 90 dBA generated during the construction of the proposed project could temporarily interfere with conversation and annoy patients and workers at Building 80/90, the nearest SFGHMC building, and affect the nearby residents. Construction would be limited to the period between 7:30 a.m. and 4:30 p.m., Monday through Friday, except for clean-up activities. Construction would be prohibited on Saturday and Sunday.[71] Construction noise levels would fluctuate depending on construction phase, equipment type and duration of use, and distance between noise source and listener.

This analysis assumes typical equipment and construction techniques to analyze project noise impacts. Table 8, page 84, gives typical exterior noise

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[69] The decibel (dB) is a logarithmic unit of sound energy intensity. Sound waves, traveling outward from a source, exert a force known as sound pressure level (commonly called (sound level"), measured in decibels. dBA represents the decibel corrected for the variation in frequency response of the typical human ear at commonly encountered noise levels.

[70] Measurements made on March 28, 1989, by Debbie Davidson of Bendix Environmental Research, Inc.

[71] Bonutti, Alex, project architect, correspondence with Gilbert G. Bendix, P.E., of Bendix Environmental Research, Inc., September 27, 1989.

TABLE 8. TYPICAL NOISE LEVELS

Construction Activity*	Average dBA at 50 feet
Ground Clearing	84
Excavation	89
Foundation	78
Erection	87
Finishing	89
For comparison, other noise-generating activities are included:**	
Pile Driver (at 50 ft.)	105
Diesel Truck (at 50 ft.)	85
Radio or TV playing in room	75
Passenger Car on a city street (at 25 ft.)	68
Normal Speech (at 3 ft.)	60
Whisper (at 3 ft.)	35

* Source: Bolt, Beranek, and Newman, *Noise from Construction Equipment and Operations, Building Equipment, and Home Appliances*, U.S. Environmental Protection Agency, 1977, page 20.

** Source: Department of City Planning, *Environmental Protection Element of the San Francisco Master Plan*, 1988, page I.6.13.

levels associated with different phases of construction. Interior noise levels in SFGHMC buildings within 50 feet of construction would be about 10 to 15 dBA lower than those shown in Table 8.[72]

Construction noise is regulated by the San Francisco Noise Ordinance, which requires that sound levels of construction equipment other than impact tools not exceed 85 dBA at a distance of 100 feet from the source. Impact tools (jackhammers, impact wrenches) must have both intake and exhaust muffled to the satisfaction of the Director of Public Works. Section 2908 of the ordinance prohibits construction from 8:00 p.m. to 7:00 a.m. if construction noise would exceed the ambient noise level by 5 dBA at the property line (unless a special permit is authorized by the Director of Public Works.

Clinic staff at the north end of Building 80/90 would be closest to the construction. The present daytime noise level near the outside of this building is 63 dBA. The smallest detectable noise level change is 3 dBA. During the noisiest construction activities at the

[72] Source: City and County of San Francisco Department of City Planning, 1987. Super 8 Hotel, Final Environmental Impact Report, 85.111E, 1987, page 137.

southern end of the project site the exterior noise level would be 26 dBA higher than at present. This would be perceived as very annoying. Since the windows of building 80/90 are openable, the interior noise level would be about 79 dBA in rooms on the northern side of the building when the windows are open. If the windows were closed the noise level would be about 69 dBA. It is probable that the occupants of these rooms would choose to keep their windows closed during some construction periods on the southern portion of the site. The rooms at the north end of Building 80/90 are not in continuous use by staff and efforts would be made to schedule activities to avoid the noisiest construction periods.[73] Patients spend relatively little time in these rooms. No rooms continuously occupied by patients at SFGHMC would be within the potential construction noise disturbance zone.

When construction activities are about 100 feet from building 80/90, the maximum exterior noise level would be about 83 dBA and the maximum interior level with windows closed would be 68 dBA.[74] Construction at the northern end of the site would cause a maximum external noise level of 80 dBA and a maximum internal noise level, with the windows closed, of 65 dBA.

Construction perimeter barriers would lower the transmission of construction noise off site. The more solid, high and wide a noise barrier is, the more effectively it attenuates noise. A construction wall may provide maximum noise reductions of up to 20 dBA. The nature of the construction wall would be determined in the detailed project development phase. It is expected that

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[73] Harding, Phyllis, Project Director, Mental Health Skilled Nursing Facility, Division of Mental Health, San Francisco Department of Public Health, telephone conversation with Gilbert G. Bendix of Bendix Environmental Research, Inc., September 25, 1989.

[74] As a general rule, sound energy travels in a straight line. Materials such as earth, dense stands of trees or a temporary sound barrier serve as sound energy absorbers which eliminate perception of sound almost entirely. Natural noise attenuation with distance can be calculated by application of a standard noise attenuation factor in which a 6 dBA decrease occurs with each doubling of unobstructed distance from a noise source. For instance, a noise measuring 80 dBA at 50 feet would be reduced to 74 dBA at 100 feet; 88 dBA at 200 feet, etc.

at least a 10 dBA decrease would result in all predicted noise levels as a result of usual construction barriers. Interior building materials would attenuate the noise level so that only one row of rooms in Building 80/90 would be likely to be affected.

Residences and businesses on the other side of Potrero Avenue, about 100 feet from the site, would be exposed to similar maximum construction noise levels (about 73 - 83 dBA with windows open and 63 - 73 dBA with windows closed, depending on elevation, the higher levels at the upper stories) as for building 80/90 when construction is 100 feet from 80/90. Persons waiting for a bus at the bus stops approximately opposite 21st and 22nd Streets on the east side of Potrero would be exposed to the highest noise levels. A twelve foot high noise barrier would be erected along Potrero Avenue which would reduce noise effects.[75]

Internal noise levels greater than 70 dBA generally cause workers to close windows or to raise their voices when talking to others. At noise levels of 85 dBA, normal conversation is difficult, and sleep or rest is virtually impossible. Intermittent noises, such as some construction noises, reduce perception of control over the environment. This perceived loss of control may result in a depressed mood. Repeated intermittent sounds are more likely to disrupt state of mind than continuous or steady sounds of comparable level.

IV.G. POPULATION AND EMPLOYMENT

The project would generate an estimated 190 person years of construction.

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[75] Bonutti, Alex, project architect, Correspondence with Gilbert G. Bendix of Bendix Environmental Research, Inc. of September 27, 1989.

When completed, the project would result in the creation of approximately 203 new on-site jobs[76] and would increase the number of persons employed at SFGHMC by about 5%.[77]

Based on current workforce characteristics,[78] it is anticipated that 43% of the increase in employment (91 out of 203 total positions) due to the proposed project would be San Francisco residents.

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[76] Mental Health Skilled Nursing Center, Bond Program Report, June 1989, page 5.

[77] The total number of employees at SFGHMC = 4,000. 203/4,000 = 5% increase.

[78] Projection based on the current residential distribution of employees as reported in the San Francisco General Hospital Institutional Master Plan, November 1987, page 2.20.

CHAPTER V. MITIGATION MEASURES PROPOSED TO MINIMIZE POTENTIAL ADVERSE IMPACTS OF THE PROJECT

In the course of project planning and design, measures have been identified that would reduce or eliminate potential environmental impacts of the proposed project. Some of these measures have been, or would be, adopted by the project sponsor or project architects and contractors and thus are proposed; some are under consideration, and some have been rejected. Implementation of some may be the responsibility of public agencies. Measures under consideration or measures rejected by the project sponsor may be required by the City Health Commission or the Board of Supervisors as conditions of project approval, if the project were to be approved. These decisionmakers in their action on the project must make findings stating which measures are included and a finding as to why any measures are not included, if applicable.

Each mitigation measure and its status are indicated below. Mitigation measures below preceded by an asterisk (*) are from the Initial Study (see Appendix pages A-19 to A-20).

CULTURAL RESOURCES

MEASURE PROPOSED AS PART OF THE PROJECT

- Should evidence of cultural or historic artifacts of significance be found during project excavation, the Environmental Review Officer (ERO) and the President of the Landmarks Preservation Advisory Board would be notified immediately with confirmatory notification in writing. Any excavation which could damage such artifacts would be halted and a written record of cessation of excavation and

the basis for this action would be provided to the ERO. The project sponsor would select an archaeologist or other expert acceptable to the ERO to help the Office of Environmental Review determine the significance of the find and whether feasible measures, including appropriate security measures, could be implemented to preserve or recover such artifacts. The ERO would then recommend in writing specific mitigation measures if necessary. Copies of reports prepared according to this mitigation measure would be sent to the California Archaeological Site Survey Office at Sonoma State University and to the Office of Environmental Review of the Department of City Planning. Excavation or construction that might damage the discovered cultural resources would be suspended for a maximum of four weeks (cumulatively for all instances that the ERO has required a delay in excavation or construction) to permit inspection, recommendation and retrieval, if appropriate.

TRANSPORTATION

MEASURES PROPOSED AS PART OF THE PROJECT

- SFGHMC would conduct an annual survey of employee mode of travel to work in order to determine the effectiveness of its TSM program. A report of the results of such surveys would be sent to the Department of City Planning within 90 days of completion of each survey. SFGH would target persons on the waiting list for on-campus parking spaces for receipt of information about car- and van-pooling and transit access to SFGHMC. Copies of special materials given to these persons would be attached to the annual TSM survey report.

- SFGH would provide off-street parking for construction workers to minimize competition for on-street parking.[79] A map showing the location of such parking

[79] Bonutti, Alex, project architect, correspondence with Gilbert G. Bendix of Bendix Environmental Research, Inc., of September 27, 1989, available for public review at the Department of City Planning, 450 McAllister Street, San Francisco.

would be sent to the Department of City Planning when the area is established.

CONSTRUCTION AIR QUALITY

MEASURES PROPOSED AS PART OF THE PROJECT

* • The project sponsor would require the project contractors to sprinkle demolition sites with water continually during demolition activity; sprinkle unpaved construction areas with water at least twice per day to reduce dust generation by about 50%; cover stockpiles of soil, sand, and other such materials; cover trucks hauling debris, soil, sand or other such material, and sweep streets surrounding construction sites at least once per day to reduce particulates emissions. The project sponsor would require the project contractor to maintain and operate construction equipment so as to minimize exhaust emissions of particulates and other pollutants, by such means as prohibition of idling motors when equipment is not in use or when trucks are waiting in queues, and implementation of specific maintenance programs for equipment that would be in frequent use for much of a construction period. Copies of relevant contract documents would be sent to the Office of Environmental Review.

* • The project sponsor would work with a qualified consultant to have the site analyzed to determine levels of naturally-occurring asbestos in serpentine rock. During project construction, the project sponsor would have the contractor, after consultation with BAAQMD and state Department of Health Services staff, implement safe construction measures to control airborne asbestos if control is determined to be necessary, based on the preliminary analysis of the rock. The contract provisions would require contractors to conform to all federal, state, and local regulations regarding asbestos-containing materials including removal of natural asbestos. Copies of the contract provisions and a written

summary of actions taken would be sent to the Office of Environmental Review and the Bay Area Air Quality Management District.

GEOLOGY AND TOPOGRAPHY

* • A preliminary geotechnical investigation/report has been prepared for the project; it is on file with the Department of City Planning and available for public review as part of the project file.[80] The project sponsor would follow the recommendations of the final report during the final design, excavation and construction of the project. These recommendations include, but are not limited to, the following actions: 1) Brace or slope excavations at least in accordance with CalOSHA requirements, 2) Avoid unsupported excavations during wet weather, 3) Brace all excavations where existing or planned construction upslope could be affected, including the Highway 101 fills, and 4) Where excavations are unbraced, slope the excavations no steeper than 1/2:1 (horizontal:vertical) in competent rock, and 1:1 in soil or deeply weathered rock. Where the rock contains adversely oriented planes, flatten the slope to the angle of those planes, as determined by a qualified engineering geologist. Other recommendations encompass foundations, retaining and tunnel walls, slab on-grade floors, fill and drainage. The geotechnical report found the site suitable for development providing that the recommendations included in the report were incorporated into the design and construction of the proposed development. The sponsor has agreed to follow the recommendations of the report in constructing the project.

* • If dewatering were required, groundwater pumped from the site would be retained in a holding tank to allow suspended particles to settle, if this is

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[80] Harding Lawson Associates, *Soil and Geologic Hazards Investigation, San Francisco General Hospital Mental Health Skilled Nursing Center, San Francisco, California*, October 30, 1987.

found necessary by the Industrial Waste Division of the Department of Public Works, to reduce the amount of sediment entering the storm drain/sewer lines.

* • If dewatering were necessary, the final soils report would address the potential settlement and subsidence impacts, if any, of this dewatering. Based upon this discussion, the soils report would contain a determination as to whether or not a lateral]and settlement survey should be done to monitor any movement or settlement of surrounding buildings, retaining walls and adjacent streets If a monitoring survey is recommended, the Department of Public Works would require that a Special Inspector (as defined in Article 3 of the Building Code) be retained by the project sponsor to perform this monitoring. Groundwater observation wells would be installed to monitor potential settlement and subsidence. If, in the judgement of the Special Inspector, unacceptable subsidence were to occur during construction, groundwater recharge would be used to halt this settlement. The project sponsor would delay construction if necessary. Cost for the survey and any necessary repairs to services under the street would be borne by the project sponsor. If dewatering were necessary, the groundwater level in the site vicinity would be monitored, if recommended in the final soils report.

HAZARDS

MEASURE PROPOSED AS PART OF THE PROJECT

• An evacuation and emergency response plan would be developed by the project sponsor or building management staff, in consultation with the Mayor's Office of Emergency Services, to insure coordination between the City's emergency planning activities and the projects's emergency plan and to provide for building occupants in the event of an emergency. The project's plan would be coordinated

with the San Francisco General Hospital Mass Casualty Plan, which identifies response protocols to be followed in the event of an emergency. The project's plan would be reviewed by the Office of Emergency Services and implemented by building management insofar as feasible before issuance of final occupancy permits by the Department of Public Works. A copy of the transmittal and the plan submitted to the Office of Emergency Services would be sent to the Office of Environmental Review.

CHAPTER VI. SIGNIFICANT ENVIRONMENTAL EFFECTS THAT CANNOT BE AVOIDED IF THE PROJECT IS IMPLEMENTED

This chapter is subject to final determination by the City Planning Commission as part of the certification process for the EIR. Chapter VI of the Final EIR will be revised, if necessary, to reflect the findings of the Commission.

This chapter identifies significant impacts that could not be eliminated or reduced to an insignificant level by mitigation measures included as part of the project, as described in Chapter V, Mitigation Measures, pages 88 to 93.

No project-specific significant impacts have been identified.

CHAPTER VII. ALTERNATIVES

This Chapter identifies alternatives to the proposed project, discusses environmental impacts associated with these alternatives, and gives the reasons the alternatives were rejected in favor of the project. Regardless of the sponsor's reasons for rejection, the City Health Commission or the Board of Supervisors could approve an Alternative instead of the proposed project if the Commission believed the Alternative would be more appropriate for the site. If these decisionmakers approve an alternative with greater impacts, they must explain in a finding why they did not approve one with lesser impacts.

VII.A. NO PROJECT

This Alternative would entail no change to the site. The proposed project would not be built. With this Alternative, none of the impacts associated with the project would occur. The environmental characteristics of this Alternative would be generally as described in the Environmental Setting sections of this report (see Chapter III, Setting, pages 23 to 46, for a description of existing conditions). Transportation an noise impacts associated with site clearance and construction of the project would not occur. There would be no change in energy demand on the site. Employment on the site would not increase as it would with the project. Land uses, site views, and shadows would not change. This alternative would not contribute to cumulative impacts on transportation at local intersections or to parking demand in the project area. This alternative would preserve the option to develop a similar or different type of building on the

site in the future. Impacts associated with continued use of out-of-county services by the Health Department would continue.[81]

Alternative A would result in the continued existing condition of more vehicle miles travelled in the Bay Area than the proposed project and Alternatives B, C and D because patients' families would continue to drive out of the City to visit patients. This distance may also reduce the number of visits made by family members and friends and increase the patients' feeling of isolation.

This alternative could result in the development of a comparable project at another location. Alternative development in San Francisco or elsewhere in the region could result in some of the same (or similar) impacts as described for the project. The effects of such development would depend largely on the location chosen and cannot be accurately determined. (See also Alternative B, page 97, below). Alternative A would preserve the option to develop a similar or different type of building(s) on the site in the future.

This alternative was rejected by the project sponsor for several reasons. First, deferral[82] or cancellation of the project would make it more difficult to provide continuity of care and coordinate different treatment programs than with the proposed project and Alternatives B, C and D because of the distance between places where care is now being provided and the multiplicity of sites involved.[83] Second, this alternative would not comply with the wishes of San

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[81] San Francisco patients are now sent to facilities in Stockton, Sacramento, Angwin (Napa County), San Jose, Vallejo, Garfield, San Mateo, and Redwood City. Harding, Phyllis, Project director, Mental Health Skilled Nursing Facility, Division of Mental Health, San Francisco Department of Public Health, telephone conversation of October 5, 1989 with Selina Bendix, Bendix Environmental Research, Inc., and *San Francisco General Hospital Medical Center Institutional Master Plan*, Appendix 3, *op. cit.*

[82] If the project is deferred, it is probable that a smaller project would be constructed with the funds appropriated by the voters for this purpose because construction costs are currently going up in San Francisco. ENR Market Trends, Engineering News Record, January 11, 1990, page 60, available for public review at the Department of City Planning, 450 McAllister Street, San Francisco.

[83] *San Francisco General Hospital Medical Center Institutional Master Plan*, Appendix 3, *op. cit.*

Francisco voters as expressed by their vote authorizing the bond issue for construction of the Skilled Nursing Facility at the SFGHMC site.

VII.B. ALTERNATE LOCATION(S) FOR THE SKILLED NURSING FACILITY.

This Alternative would be construction of the project or a comparable development at another location within or outside of San Francisco. Patients that would be served by the project are now sent to facilities in Stockton, Sacramento, Angwin (Napa County), San Jose, Vallejo, Garfield, San Mateo and Redwood City. A number of sites for the Mental Health Skilled Nursing Facility were considered by the San Francisco Department of Public Health and the California Department of Mental Health during the planning process that resulted in the current project.

All alternative sites would have fewer patient services than would be provided by the project at SFGHMC such as emergency facilities, laboratories, radiology, laundry, etc.

Non-San Francisco Locations. Alternative locations considered outside of San Francisco included City-owned property adjacent to the county jail in San Bruno and Fairmont Hospital in Alameda County. The impacts of the project at these locations would be similar or comparable to those of the project.

The project sponsor rejected locations outside of San Francisco early in the selection process for several reasons: the relative lack of public transit access for San Francisco-resident family members; difficulty in coordination with SFGHMC acute care facilities; and difficulty in integrating a program outside of San Francisco with support services in San Francisco largely based at SFGHMC.

The San Bruno site was considered undesirable, in addition, because a stigma could attach to patients due to association with the jail.[84]

San Francisco Locations. Evaluation of alternative San Francisco sites for the project extended over a period of several years and used the 1983 San Francisco Real Estate Department *Catalogue of Real Property Owned by the City and County of San Francisco.* All City properties over 125,000 sq. ft. were reviewed. Sites considered within San Francisco included: Lake Honda Tracts, University Mound Reservoir, Balboa Park Reservoir, and Laguna Honda Hospital.[85]

Construction of the Skilled Nursing Facility at another site in San Francisco would require either a larger facility to provide some of the necessary services which are already available at SFGHMC or reduced patient capacity in order to accommodate greater storage, kitchen, laboratory, etc. facilities at the alternative site than would be needed for the project. The former would require more money than is available in the bond issue and the latter would be less efficient use of bond issue funds for the intended purpose than the proposed project because of the need to duplicate facilities already available at SFGHMC.

The alternative sites in the City would result in greater vehicle miles traveled than the proposed project, because of the need for vehicular trips between the Facility and SFGHMC, and fewer vehicle miles travelled than for out of City alternative sites. Alternative San Francisco sites would create less parking demand in the SFGHMC area than the proposed project or Alternatives C, D or E, and greater parking demand at the alternative location chosen.

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[84] Letter from Michael Hennessey, Sheriff, City and County of San Francisco, to Supervisor Nancy Walker, November 8, 1984. Available at the Department of City Planning, 450 McAllister Street, San Francisco, CA.

[85] Correspondence , from Grant Ute, Mental Health Program Specialist, State Department of Mental Health, to Florence Stroud, Deputy Director, Community Health Programs, re: Interim Report on the Development of a Treatment Intensive Sub-Acute Psychiatric Facility, August 4, 1984. Available for public review at the Department of City Planning, 450 McAllister Street, San Francisco, CA.

These alternative locations were rejected by the project sponsor and the California Department of Mental Health for a variety of reasons. The Lake Honda Tracts site was rejected because it is designated as open space in the San Francisco Master Plan and because it was believed that community opposition to the development of part of the site as moderate income housing indicated community opposition to any development of the site. Moreover, the site did not offer any advantages over the nearby Laguna Honda Hospital site. The University Mound Reservoir site was rejected because it is in a more isolated area in the southeast with limited public access; the Mayor's office has indicated support for low income housing on the site if it were to be declared surplus by the PUC; the property was considered too small in size; development of the site was considered likely to provoke community opposition; and geologic conditions on the site would make development more difficult and expensive. The Balboa Park Reservoir site was initially rejected because the Mayor's Office was considering the property for low income housing and it was not reconsidered later because the Water Department could use the land for a reservoir.[86]

The properties owned by the Department of Public Health which were found potentially suitable were Laguna Honda Hospital and San Francisco General Hospital Medical Center. The Laguna Honda Hospital site was rejected because of: concern about the potential effect of the presence of a mental health facility on the elderly served by that facility, the lack of availability of a full spectrum of specialized medical services for mental health patients available at SFGHMC, and zoning of part of the site as open space.[87]

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[86] *Op. cit.* and Lieberman, Martin, Manager, City Distribution Division, San Francisco Water Department, telephone conversation of December 13, 1989 with Gilbert G. Bendix, P.E. of Bendix Environmental Research, Inc.

[87] Harding, Phyllis, Project Director, Skilled Mental Health Nursing Facility, Division of Mental Health, San Francisco Department of Public Health, written communication to Selina Bendix, Bendix Environmental Research, Inc., December 29, 1989. Available for public review at the Department of City Planning, 450 McAllister Street.

Further, the project sponsor has rejected Alternative B because of the belief that it would not meet the expectations of the voters who approved the bond issue, the ballot analysis for which states:
"...[T]his money would pay for the construction of a 185-bed facility for long-term mental health care at San Francisco General Hospital...[emphasis added]"[88]

VII.C. SKILLED NURSING FACILITY WITH UNDERGROUND PARKING.

This Alternative would have two levels of underground parking underneath the buildings with about 170 parking spaces and about 120 surface parking spaces, for a total of 290 project parking spaces, compared to the 145 spaces on-site in surface parking areas with the project. Both Alternative C and the Proposed Project would have 101 new parking spaces on the SFGH campus created by restriping.

Two levels of underground parking would supply about 170 spaces (85 on each level.[89] Alternative C would create the same parking demand as the proposed project and Alternative E. The amount of parking that could be provided under the building in two levels and the 120 surface spaces would meet the 98-space project parking demand, replace the 220 parking spaces displaced by the project and provide 73 additional spaces which would reduce the parking occupancy rate on the residential streets outside the hospital perimeter[90] from the existing rate of 84% to about 80%, compared to an occupancy rate of 88% with the project and no underground parking. A project with underground parking would include a longer construction period than the proposed project. Excavation of rock under

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[88] *San Francisco Voter Information Pamphlet, Municipal Election, November 3,* 1987, page 32.

[89] Dorian, Mark, City Architect's Office, telephone conversation with Gilbert G. Bendix of Bendix, P.E. Environmental Research, Inc., September 22, 1989.

[90] Dowling, Richard, 1990, *op.cit.*, page 9, Table 3. Only parking shown in Table 3 as "On-Street Parking Elsewhere," Kansas Street (West Side) and Vermont Street (East Side) were used in these calculations, since these are the streets most likely to be affected.

the site would increase the duration of the noisiest construction activities. Deeper excavation would involve more potential for disturbance of natural asbestos; increased asbestos control activities, if deemed necessary on the basis of air monitoring; increased potential for construction air pollution; increased possibility of encountering archeological resources compared to the project.

Originally, the Skilled Nursing Facility project was to include a level of underground parking intended to be adequate to meet project employee parking demand. Including a level of parking in the project would cost approximately $1.5 million.[91] Since these funds are not available in the approved bond issue, and no other funds for this additional cost are available to the SFGHMC, this Alternative has been rejected by the project sponsor.

VII.D. A SMALLER SKILLED NURSING FACILITY

This Alternative would have 125 beds, 60 less than the proposed project.

Alternative D would have buildings about 30% smaller (about 27,000 gross square feet less) than the proposed project. Approximately 12,000 additional square feet of the site would be available for patient or public landscaped area. Such a facility would not be able to meet the present patient demand for 185 beds and some patients would, thus, continue to be treated out of the County. The impacts of Alternative D would generally be intermediate between those of the proposed project or Alternative E and the No Project Alternative. Vehicle miles traveled under Alternative D would be less than with the No Project Alternative and greater than with the proposed project or Alternative E, because some patients would still be sent outside the County for treatment.

Alternative D was studied by the project sponsor and found to be less cost effective than the proposed project. Three sizes for the Skilled Nursing Facility

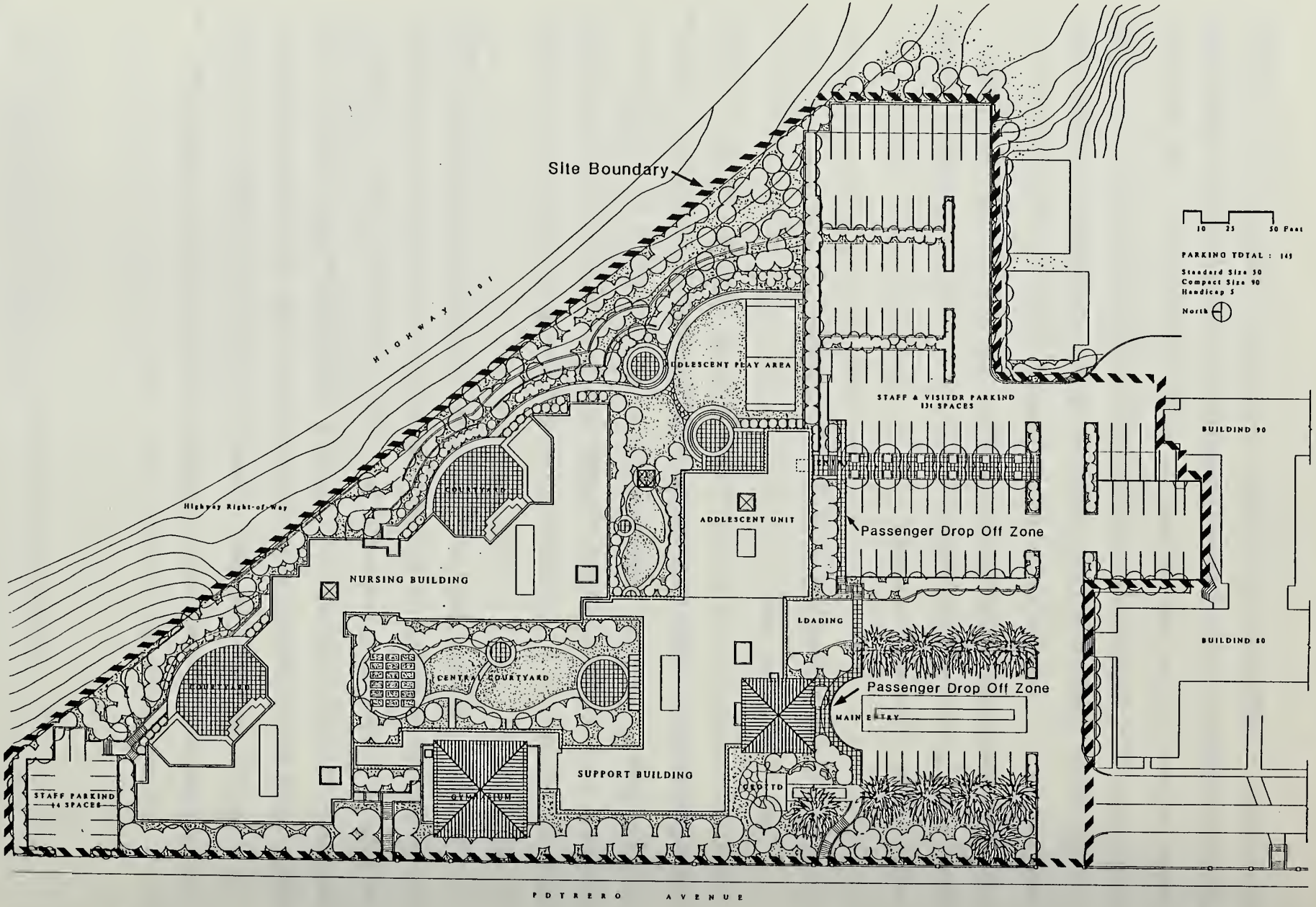
[91] Dorian, Mark, Project Architect, Telephone conversation of September 22, 1989, with Gilbert G. Bendix, P.E., of Bendix Environmental Research, Inc.

were analyzed: 125, 165, and 185 beds. The 185 bed size (proposed project) was found to be most cost effective, according to *Mental Health Skilled Nursing Center at San Francisco General Hospital Bond Program Report.* City and County of San Francisco, Department of Public Health, Published as Appendix C of the *San Francisco General Hospital Medical Center Institutional Master Plan.* Alternative D was rejected by the project sponsor because it would be less cost effective than the proposed project, it would not meet the identified needs of SFGHMC related to such a facility, and it would not fulfill the voters' mandate to provide for in-county treatment.

VII.E. NO TUNNEL ALTERNATIVE WITH ON-SITE LOADING

This Alternative would not have a tunnel (for staff, patients, and utilities), connecting the project to SFGHMC. An on-site single-bay loading dock would be added to the Facility design (See Figure 24, page 103). Compared to the project, All other aspects of the Alternative would be the same as the project. The tunnel (described on page 19) included in the project would be used for the delivery of supplies, patient movement, and access to service utilities.

With this Alternative, deliveries to the loading dock from non-SFGHMC vehicles would be limited to food deliveries (most of the meals for the Skilled Nursing Facility's residents would be prepared in a kitchen within the project, and some food would be prepared in the main SFGHMC kitchen) and drug deliveries. There would be one packaged food and meat delivery per week and one fresh fruit and vegetable delivery per week. These deliveries would probably be made by the same trucks that deliver to the main SFGHMC facilities, and so would not



SFGH Mental Health Skilled Nursing Facility

Figure 24. Alternative E. Site Plan

SOURCE: Kaplan, McLaughlin, Diaz

involve new truck trips in the general area. The additional truck traffic to the site would not have a noticeable effect on traffic in the project area.[92]

Other supply and service deliveries with this Alternative would involve SFGHMC service vehicles, including: daily garbage pickup for delivery to the Service Building where all SFGHMC garbage is currently consolidated; daily delivery and pickup of linens and other housekeeping supplies from and to the Service Building which contains SFGHMC's laundry facilities; and office supply deliveries from the main SFGHMC supply area in the main Hospital building, some of which would use the loading dock. Vehicle miles traveled generated with this Alternative would be about the same as for the proposed project and less than for Alternatives A, B or D.

There would be limited movement of patients to or from the Facility and other SFGHMC buildings, as with the project, because the Facility patients would receive most of their treatment, counseling, and meals at the site. It is not expected that many of the Facility resident patients would arrive after admittance through Emergency. It is common practice for hospitals to seek easy access to their utility pipes and electrical wiring to allow for immediate repair in case of water or natural gas leaks or electrical malfunctions. SFGHMC has stated that no gas or electrical equipment or steam heat pipes would be in the tunnel. There would be only communications lines for telephone and computer use. These lines can be routed above ground with access for repair.[93] The loading dock and space required for access to the loading dock would displace 17 on-site parking spaces which would be redesigned as 12 tandem spaces at the eastern end of the parking lot and 5 tandem spaces adjacent to Building 80/90. Construction impacts near present SFGHMC buildings due to excavation and construction of the

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[92] Marconi, William, P.E., letter to Selina Bendix, Ph.D., Bendix Environmental Research, Inc., January 15, 1990, available for public review at the Department of City Planning, 450 McAllister Street, San Francisco.

[93] Miller, Marianne, Kaplan/McLaughlin/Diaz Architects, telephone conversation of July 31, 1989, with Pamela Hodgins of Bendix Environmental Research, Inc.

tunnel would be eliminated. There would be fewer geologic impacts and less disturbance of rock with fewer natural asbestos impacts. There would be one or two more truck and other vehicle trips to the site per day with this Alternative than with the project, which would not have a detectable impact on traffic. Otherwise, this Alternative would have the same impacts as the proposed project.

SFGHMC is considering elimination of the tunnel because of the cost of tunnel construction. A decision about implementation of this Alternative will probably be made before certification of the FEIR, based on efficiency and cost factors.

VII.F. DEMOLITION OF THE GROTTO

Alternative F would involve demolition of the grotto which is preserved in all other alternatives. Other aspects of this Alternative would be the same as the project.

Demolition of the grotto would remove the last remaining structure of this type in San Francisco associated with the Sisters of Mercy.

Since a decision to demolish the grotto would delay implementation of the project for redesign and there is no time available in the project schedule for redesign, Alternative F has been rejected by the project sponsor. This Alternative was also rejected by the Sponsor on the grounds that the historic grotto should be preserved and would provide a quiet, shaded place for staff, visitors and patients to sit outdoors.

CHAPTER VIII. DISTRIBUTION LIST

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Transportation Planning
P.O. Box 7310
San Francisco, CA 94120
ATTN: **Gary Adams**

State Office of Intergovernmental
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State Clearinghouse
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Sacramento, CA 95814

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San Francisco, CA 94120
ATTN: **William Chastain**

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Oakland, CA 94604
ATTN: **Sally Germain**

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Mission Language & Vocational School
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San Francisco,

John Bardis
Sunset Action Committee
1501 Lincoln Way, #505
San Francisco, CA 94122

Barkley & Lee
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San Francisco, CA 94104
ATTN: Alice Suet Yee Barkley

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VIII. Distribution List

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San Francisco, CA

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Chevron Land & Development Company
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San Ramon, CA 94583

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San Francisco, CA 94111
ATTN: Kent Soule

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San Francisco, CA 94133

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175 Yukon Street
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San Francisco, CA 94110

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San Francisco, CA 94104
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Cushman & Wakefield of California,
Inc.
Bank of America Center
555 California Street, Suite 2700
San Francisco, CA 94104
ATTN: Lawrence Farrell

Juanita del Carlo, Executive Director
Mission Hiring Hall, Inc.
2017 Mission Street, 3*rd* Floor
San Francisco, CA 94110

Mary Ann Dillon, Acting Director
Mission Housing Development Corporation
2111 Mission Street, Suite 301
San Francisco, CA 94110

DKS Associates
1956 Webster Street, #300
Oakland, CA 94612

Downtown Association
582 Market Street.
San Francisco, CA 94105
ATTN: Lee Dolson

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San Francisco, CA 94107

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Embarcadero Center, Ltd.
Four Embarcadero, Suite 2600
San Francisco, CA 94111

Environmental Impact Planning
150 Spear Street, Suite 1500
San Francisco, CA 94105
ATTN: Kumari Malluran

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760 Harrison Street
San Francisco, CA 94107
ATTN: **Wendy Lockwood**

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235 Montgomery Street
San Francisco, CA 94104
ATTN: Sandra Lambert

James Firth
577 Arkansas Street
San Francisco, CA 94107

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Sacramento, CA 95814
ATTN: Doug Stevens
State Coordinator

Robert Forrest
2705 Twentieth Street
San Francisco, CA 94110

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San Francisco, CA 94109
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Executive Director

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24th Street Merchant's Association
3007 24th Street
San Francisco, CA 94110

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Westport, Conn 06881-990
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San Francisco, CA 94105

Roberto Hernandez
Mission Economic & Cultural Assoc.
3007 - 24*th* Street
San Francisco, CA 94110

David Heindel,
Real Estate Specialist
Mayor's Office of Business
100 Larkin Street
San Francisco, CA 94102

Sue C. Hestor
Attorney at Law
870 Market Street, Room 1121
San Francisco, CA 94102

The Jefferson Company
1700 California Street, #470
San Francisco, CA 94109
ATTN: Gordon Jacoby

Kaplan/McLaughlin/Diaz
222 Vallejo Street
San Francisco, CA 94111
ATTN: Jan Vargo

Ruth Kollerer, Secretary
East Mission Improvement Association
P.O. Box 40099
San Francisco, CA 94199-0104

Lee & Fan
Architecture & Planning, Inc.
580 Market Street, Suite 300
San Francisco, CA 94104
ATTN: Robert Fan, Jr.

Richard Martin, Co-Chair
New Potrero Hill Merchant's Association
1400 - 18*th* Street
San Francisco, CA 94107

Enola Maxwell
Potrero Hill Neighborhood House
953 DeHaro Street
San Francisco, CA

VIII. Distribution List

Mission Economic Development
2601 Mission Street
San Francisco, CA
ATTN: Executive Director

Morrison & Foerster
345 California Street
San Francisco, CA 94104
ATTN: Jacob Herber

Nichols-Berman
142 Minna Street
San Francisco, CA 94105
ATTN: Louise Nichols

Pacific Gas & Electric
77 Beale Street, #2429
San Francisco, CA 94104

Perini Corporation
75 Broadway
San Francisco, CA 94111
ATTN: Christopher Scales

Pettit & Martin
101 California Street, 35th Floor
San Francisco, CA 94114
ATTN: John M. Sanger

Pillsbury, Madison & Sutro
P.O. Box 7880
San Francisco, CA 94120
ATTN: Susan Pearlstine

Jack Moore, President
PLAN
953 DeHaro
San Francisco, CA 94107

Planning Analysis & Development
530 Chestnut Street
San Francisco, CA 94133
ATTN: Gloria Root

Mrs. G. Bland Platt
362 Ewing Terrace
San Francisco, CA 94118

Pat Occooy
Potrero Hill City Improvement Association
1021 Connecticut Street
San Francisco, CA 94107

Potrero Hill Advisory Council
1447 - 20th Street
San Francisco, CA 94107

RB International Services
9 Boston Ship Plaza
San Francisco, CA 94111
ATTN: Rita Dorst

Ramsay/Bass Interest
3756 Grant Avenue, Suite 301
Oakland, CA 94610
ATTN: Peter Bass

Capital Planning Department
UCSF
145 Irving Street
San Francisco, CA 94122
ATTN: Bob Rhine

David Rhoades & Associates
400 Montgomery Street, Suite 604
San Francisco, CA 94104

Deb Riley
San Francisco Women's Centers
3543 - 18th Street
San Francisco, CA 94110

Rothschild Cappiello
244 California Street, Suite 500
San Francisco, CA 94111
ATTN: Bruce Raful

Royal LePage Commercial Real Estates Services
353 Sacramento Street, Suite 500
San Francisco, CA 94111
ATTN: Richard Livermore

Royal Title
1 California Street. Suite 2200
San Francisco, CA 94111
ATTN: Jim Galvin

The Rubicon Group
351 California Street, Suite 500
San Francisco, CA 94104
ATTN: Kenneth Sproul

Robert Sanchez
24th Street Merchants Association
2778 - 24th Street
San Francisco, CA 94110

San Francisco Building &
Construction Trades Council
2660 Newhall Street, #116
San Francisco, CA 94124-2527
ATTN: Stanley Smith

San Francisco Chamber of Commerce
465 California Street
San Francisco, CA 94104
ATTN: **James Lazarus**

San Francisco Labor Council
510 Harrison Street
San Francisco, CA 94105-3104
ATTN: **Walter Johnson**

San Francisco Planning & Urban
Research Association
312 Sutter Street
San Francisco, CA 94108

San Francisco Tomorrow
942 Market Street, Room 505
San Francisco, CA 94102
ATTN: **Tony Kilroy**

Sedway Cooke Associates
101 Howard Street
San Francisco, CA 94105

Marvin Schwarz, President
Parkview Heights Homeowners Association
15 Fontinella Terrace
San Francisco, CA 94107

Sierra Club
730 Polk Street
San Francisco, CA 94109
ATTN: **John Holtzclaw**

Skidmore, Owings & Merrill
333 Bush Street
San Francisco, CA 94104
ATTN: **Jerry Goldberg**

Arden Smith
Potrero Boosters
749 Carolina Street
San Francisco, CA

Solem & Associates
545 Mission Street
San Francisco, CA 94105
ATTN: Olive Lewis

Leandro P. Soto, Executive Director
OBECA/Arriba Juntos
2017 Mission Street
San Francisco, CA 94110

David Spero, President
North Mission Association
3004 16th Street
San Francisco, CA

Square One Film & Video
725 Filbert Street
San Francisco, CA 94133

Steefel, Levitt & Weiss
199 First Street
San Francisco, CA 94105
ATTN: Robert S. Tandler

Tenant and Owners Development
Corporation
230 Fourth Street
San Francisco, CA 94103
ATTN: **John Eberling**

TRI
100 Pine Street, Suite 2300
San Francisco, CA 94111
ATTN: Bruce Raful

Jon Twitchell Associates
P.O. Box 2115
San Francisco, CA 94126

Urban Center Development, Ltd.
One Embarcadero Center, Suite 2216
San Francisco, CA 94111

Calvin Welch
Council of Community Housing
Organizations
409 Clay Street
San Francisco, CA 94117

Whisler-Patri
P.O. Box 7054
San Francisco, CA 94120-7054
ATTN: Marie Zeller

Eunice Willette
1323 Gilman Avenue
San Francisco, CA 94124

Lorraine Yeoman
East Mission Improvement Association
855 Carolina Street
San Francisco, CA 94107

Allan N. Zelmer, President
Mission Merchants Association
3220 21st Street
San Francisco, CA

ADJACENT PROPERTY OWNERS

Antonio Balenzuela
852 Potrero Avenue
San Francisco, CA 94110

Jack & Edith Bernard
862 - 866 Potrero Avenue
San Francisco, CA 94110

Rosalio & Lupe Bravo
954 Potrero Avenue
San Francisco, CA 94110

Tang Kee Chiu & Wai Fong Chow
856 - 860 Potrero Avenue
San Francisco, CA 94110

Maria Dougherty
804 Potrero Avenue
San Francisco, CA 94110

Gloria A. Eckert
812 Potrero Avenue
San Francisco, CA 94110

Patricia Haslett
1053 Kansas Street
San Francisco, CA 94107

Ralph & Patricia Hendricks
104 Sequoia Drive
San Anselmo, CA 94960

Marc Los Huertos
862 - 866 Potrero Avenue
San Francisco, CA 94110

Charles Hughes & David Midkiff
886 Potrero Avenue
San Francisco, CA 94110

Murray M. Jelm
964 Potrero Avenue
San Francisco, CA 94110

Nida Malvesti
814 Potrero Avenue
San Francisco, CA 94110

Michael & Clare Millane
908 Potrero Avenue
San Francisco, CA 94110

Perregrina Palaganas
1021 Excelsior Avenue
San Francisco, CA 94112

Grace M. Pallari
960 Potrero Avenue
San Francisco, CA 94110

Thomas & Betty Porave
934 Potrero Avenue
San Francisco, CA 94110

Ronald & Florence Price
900 Potrero Avenue
San Francisco, CA 94110

Stephen & Laura Reed
862 - 866 Potrero Avenue
San Francisco, CA 94110

Nicolas, Maria & Alejan Rojas
952 Potrero Avenue
San Francisco, CA 94110

Mary Rossi
924 Potrero Avenue
San Francisco, CA 94110

Manuel & Carmen Rubio
868 Potrero Avenue
San Francisco, CA 94110

Manuel R. Sanchez
988 Potrero Avenue
San Francisco, CA 94110

Arthur Schwartzberg
77 Nevada Street
San Francisco, CA 94110

Clifford, Maria & Clark Seal
808 Potrero Avenue
San Francisco, CA 94110

State of California
Department of Transportation
(CalTrans)
Real Estate Department
P.O. Box 7310
San Francisco, CA 94120

Julius & Myrtle M. Trefz
946 Potrero Avenue
San Francisco, CA 94110

Mw., Sr. & Alice Vierra
940 Potrero Avenue
San Francisco, CA 94110

Hernado & Lucita C. Vita
980 Potrero Avenue
San Francisco, CA 94110s

Joan Westley
810 Potrero Avenue
San Francisco, CA 94110

Tibrucio & Maria Zuniga
848 Potrero Avenue
San Francisco, CA 94110

MEDIA

Associated Press
1390 Market Street, Suite 318
San Francisco, CA 94102
ATTN: Bill Shiffman

San Francisco Bay Guardian
2700 - 19th Street
San Francisco, CA 94110
ATTN: Patrick Douglas, City Editor

San Francisco Business Times
325 Fifth Street
San Francisco, CA 94107
ATTN: Tim Turner

San Francisco Chronicle
925 Mission Street
San Francisco, CA 94103
ATTN: Martin Halstuk
Dawn Garcia

San Francisco Examiner
P.O. Box 7260
San Francisco, CA 94120
ATTN: Gerald Adams

The Sun Reporter
1366 Turk Street
San Francisco, CA 94115

Tenderloin Times
146 Leavenworth Street
San Francisco, CA 94102
ATTN: Rob Waters

LIBRARIES

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City Library - Civic Center
San Francisco, CA 94102
ATTN: Faith Van Liere

Environmental Protection Agency
Library
215 Fremont Street
San Francisco, CA 94105
ATTN: Jean Circiello

Stanford University Libraries
Jonsson Library of Government
Documents
State & Local Documents Division
Stanford, CA 94305

Government Publications Department
San Francisco State University
1630 Holloway Avenue
San Francisco, CA 94132

Hastings College of the Law -
Library
200 McAllister Street
San Francisco, CA 94102-4978

Institute of Government Studies
109 Moses Hall
University of California
Berkeley, CA 94720

PROJECT SPONSOR

David Werdegar, MD, MPH, Director
Department of Public Health
101 Grove Street
San Francisco, CA 94102
ATTN: Tom Peters, MD

Phyllis Harding, Project Manager
Department of Public Health
Division of Mental Health
1380 Howard Street, Room 510
San Francisco, CA 94103

Norman Karasick, City Architect
City Hall - Room 265
San Francisco, CA 94102

Jim Buker
Department of Architecture
45 Hyde Street, Room 300
San Francisco, CA 94102

Tony Leung
Department of Architecture
45 Hyde Street, Room 300
San Francisco, CA 94102

Alex Bonutti
Kaplan*McLaughlin*Diaz
222 Vallejo Street
San Francisco, CA 94111

APPENDICES

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DEPARTMENT OF CITY PLANNING 450 McALLISTER STREET • SAN FRANCISCO, CALIFORNIA 94102

NOTICE THAT AN ENVIRONMENTAL IMPACT REPORT IS DETERMINED TO BE REQUIRED

Date of this Notice: August 11, 1989

Lead Agency: City and County of San Francisco, Department of City Planning
450 McAllister Street - 6th Floor, San Francisco, CA 94102
Agency Contact Person: Carol Roos Telephone: (415) 558-6389

Project Title: 88.089E:
San Francisco General Hospital Mental Health Skilled Nursing Facility

Project Sponsor:
City and County of San Francisco, Department of Public Health
Project Contact Person: Phyllis Harding
Telephone No.: 255-3448

Project Address: 887 Potrero Avenue, east side between 20th and 21st Streets
Assessor's Block(s) and Lot(s): 4090/2
City and County: San Francisco

Project Description:
Construction of a Mental Health Skilled Nursing Facility on the San Francisco General Hospital (SFGH) Campus. The project would contain three main components: (1) Construction of an approximately 87,850-sq.-ft., 185-bed skilled nursing facility with 128 parking spaces; 2) Construction of an underground tunnel connecting with the SFGH outpatient services building, and 3) Remodeling of SFGH kitchen facilities. No service/loading spaces are proposed. The project would eliminate a 220-space parking lot.

THIS PROJECT MAY HAVE A SIGNIFICANT EFFECT ON THE ENVIRONMENT AND AN ENVIRONMENTAL IMPACT REPORT IS REQUIRED. This determination is based upon the criteria of the Guidelines of the State Secretary for Resources, Section 15063 (Initial Study), 15064 (Determining Significant Effect), and 15065 (Mandatory Findings of Significance), and the following reasons, as documented in the Environmental Evaluation (Initial Study) for the project, which is attached.

Deadline for Filing of an Appeal of this Determination to the City Planning Commission: August 18, 1989.

An appeal requires: 1) a letter specifying the grounds for the appeal, and;
2) a $75.00 filing fee.

Barbara W. Sahm

Barbara W. Sahm,
Environmental Review Officer

CFR/129/rlj

INITIAL STUDY
SAN FRANCISCO GENERAL HOSPITAL MENTAL HEALTH SKILLED NURSING FACILITY
88.89E

I PROJECT DESCRIPTION

The proposed project would be the construction of a Mental Health Skilled Nursing Facility on the San Francisco General Hospital campus. The project would include three main components: First, a 185-bed skilled nursing facility containing a total of about 87,850 gross square feet, in two buildings of two and three levels with a maximum height of about 40 feet. About 128 surface parking spaces would be provided adjacent to the facility. Secondly, an underground tunnel would be constructed from the SFGH outpatient services building (Building 80) to the project, to connect the skilled nursing facility to the existing SFGH tunnel system. Third, the existing SFGH kitchen facilities would be remodelled and would serve the nursing facility. No service/loading spaces are proposed; the project would be served through the tunnel system The project would eliminate a surface parking lot containing about 220 spaces.

The Skilled Nursing Facility would be built at the northernmost portion of the San Francisco General Hospital (SFGH) campus, part of Lot 2, in Assessor's Block 4090. The site is generally bounded by Highway 101 on the east, and Potrero Avenue on the west, between 20th and 21st Streets. The development site area is about 144,275 sq.ft. The site is in a P (Public) Use district and a 150-E Height and Bulk district.

As noted, the skilled nursing facility would consist of two buildings totalling about 87,850 sq.ft. consisting of a 56,850-sq.-ft., three-story building (the nursing unit) and a 31,000-sq.-ft., two-story building (adolescent facility and administrative offices), and 128 parking spaces. The buildings would be grouped around a central court, and would have an open recreation area at the northeast part of the site. About 58,500 gsf of landscaped area/open space/recreation area would be included. Vehicle access would be from a campus driveway off 22nd Street, south of the site, and a curb cut on Potrero Avenue, about 250 ft. north of 22nd St, currently access for the existing parking lot. Primary pedestrian access would be at the southern end of the nursing facility. As noted, no service/loading spaces are proposed; the project would be served by the SFGH tunnel system.

The proposed project would result in a net addition of about 87,850 sq. ft. of skilled nursing mental health facilities and a net loss of about 92 parking spaces.

Development of the skilled nursing facility would be expected to take about 24 months.

Construction of the Mental Health Skilled Nursing Facility was approved by San Francisco voters in November 1987. The project sponsor is the City and County of San Francisco, Department of Public Health. The project arhitect is the City Architect, San Francisco Bureau of Architecture.

SUMMARY OF POTENTIAL ENVIRONMENTAL EFFECTS

A. EFFECTS FOUND TO BE POTENTIALLY SIGNIFICANT

Construction of the Mental Health Skilled Nursing Facility is examined in this Initial Study, to identify potential effects on the environment. Some project-specific potential effects have been determined to be potentially significant, and will be analyzed in an environmental impact report (EIR). They include: land use; urban design; visual quality; construction noise; biology; transportation; project-related employment; and cultural resources. The relationship of the project to the Master Plan and the City Planning Code will also be discussed in the EIR.

B. EFFECTS FOUND NOT TO BE SIGNIFICANT

The following potential impacts were determined either to be insignificant or to be mitigated through measures included in the project. These items require no further environmental analysis and will not be included in the EIR. They are:

Glare: Mirrored glass would not be used.

Population: The project would not induce substantial growth or concentration of population, displace a large number of people, or create a substantial demand for additional housing or substantially reduce the housing supply in San Francisco.

Operational Noise: After completion, building operation and project-related traffic would not perceptibly increase noise levels in the site vicinity. Operational noise would be regulated by the San Francisco Noise Ordinance and the project would conform to the Noise Guidelines of the Environmental Protection Element of the Master Plan.

Air Quality: Project construction would have short-term impacts on air quality in the site vicinity. Mitigation measures to reduce particulates and to avoid airborne, naturally-occuring asbestos from serpentine rock, during construction activities, are included as part of the project (see p.18).Project operation would not cause potentially significant air quality impacts.

Utilities/Public Services: The proposed project would increase the demand for utilities and public services but would not require additional personnel or equipment.

Geology/Topography: A preliminary geotechnical investigation has been made , and a final detailed geotechnical report would be prepared by a California-licensed geologic engineer prior to commencement of construction. The project sponsor and contractor would follow the recommendations of the final report regarding any excavation and construction for the project.

Measures to reduce potential impacts associated with excavation and dewatering are included as part of the project.

Water: The site is a mostly paved surface parking lot. The project would improve drainage on the site. See also the measures referenced above to reduce potential impacts of dewatering and excavation.

Energy/Natural Resources: Hospitals and certain related uses are not required to comply with the performance standards of Title 24 of the California Code of Regulations regarding energy conservation, and the proposed hospital use could be energy intensive. However, the facility and equipment would be constructed to state-of-the-art standards so as to be energy efficient. The projects's annual energy total would be about 453,000 therms. Peak electrical energy and natural gas use would coincide with PG&Eis systemwide peaks.

Hazards: Project operation would not create a health hazard or be affected by hazardous uses. The project would have an individual evacuation plan and would be coordinated with the SFGH Mass Casualty Plan. (See p.18.)

A. COMPATIBILITY WITH EXISTING ZONING AND PLANS	Not Applicable	Discussed
1) Discuss any variances, special authorizations, or changes proposed to the City Planning Code or Zoning Map, if applicable.	X	___
*2) Discuss any conflicts with any adopted environmental plans and goals of the City or Region, if applicable.	X	___

The Mental Health Skilled Nursing Facility would be located at the northernmost part of the San Francisco General Hospital (SFGH) campus. The development site is generally bounded by 20th Street, Highway 101, 21st Street, and Potrero Avenue. The nursing facility would comply with City Planning Code requirements concerning height, bulk and use in the P (Public) use district and the 150-E height and bulk district in which it is located. The maximum allowable height in this district is 150 feet with specified maximum length and diagonal dimensions applicable above 65 feet. The project would not exceed 40 feet in height. The Mental Health Skilled Nursing Facility does not require any Variance, special authorization, or change in the City Planning Code or Zoning Maps. It would require building permits.

The relationship of the proposed project to the policies of the Master Plan and provisions of the City Planning Code, will be discussed in the EIR. The relationship of the project to the Institutional Master Plan for San Francisco General Hospital will be discussed briefly as applicable, by topic.

The site includes about 21,000 sq. ft., on its eastern portion now under the jurisdiction of the San Francisco Recreation and Park Department, which has been declared surplus. Transfer of this property from the jurisdiction of the Recreation and Park Department to become part of SFGH will be discussed in the EIR.

* Derived from State EIR Guidelines, Appendix G, normally significant effect.

The project would not conflict with other adopted environmental plans and goals, and this issue requires no further discussion in the EIR.

B. ENVIRONMENTAL EFFECTS

	YES	NO	DISCUSSED
1) Land Use. Could the project:			
*(a) Disrupt or divide the physical arrangement of an established community?	___	X	X
*(b) Have any substantial impact upon the existing character of the vicinity?	___	X	X

The project would consist of development of the northernmost portion of the SFGH campus, located between Potrero Hill and the Mission districts in San Francisco. The project would result in intensification of land use on the development site, as two buildings comprising the Mental Health Skilled Nursing Facility would be built on a surface parking lot. The project would be compatible with other hospital-related uses on the SFGH campus. For informational purposes, the EIR will discuss existing uses in the project vicinity and the proposed project in relation to these.

2) Visual Quality. Could the project:			
*(a) Have a substantial, demonstrable negative aesthetic effect?	___	X	X
(b) Substantially degrade or obstruct any scenic view or vista now observed from public areas?	X	___	X
(c) Generate obtrusive light or glare substantially impacting other properties?	___	X	X

The project's design, appearance and possible effects on views will be discussed in the EIR. The project would not use mirrored or reflective glass. The EIR will, therefore, not discuss glare.

The EIR will discuss the proposed project's relationship to the objectives and policies of the Urban Design Element of the Master Plan.

3) Population. Could the project:			
*(a) Induce substantial growth or concentration of population?	___	X	X
*(b) Displace a large number of people (involving either housing or employment)?	___	X	X
(c) Create a substantial demand for additional housing in San Francisco, or substantially reduce the housing supply?	___	X	X

There are currently no employees on the site, a vacant lot/surface parking lot, and thus there would be no population displacement due to the project. Some indigent persons use the open site, and would not be expected to with the project. Project-specific information regarding number and type of employees on the site with the project will be discussed in the EIR. The project would not create a substantial demand for additional housing in San Francisco, or substantially reduce the housing supply. No housing would be displaced by the project.

4) Transportation/Circulation. Could the project:

		YES	NO	DISCUSSED
*(a)	Cause an increase in traffic which is substantial in relation to the existing traffic load and capacity of the street system?	___	X	X
(b)	Interfere with existing transportation systems, causing substantial alterations to circulation patterns or major traffic hazards?	___	X	X
(c)	Cause a substantial increase in transit demand which cannot be accommodated by existing or proposed transit capacity?	___	X	X
(d)	Cause a substantial increase in parking demand which cannot be accommodated by existing parking facilities?	X	___	X

Increased population and employment at the site would increase demand on existing transportation systems. The number of pedestrians in the area would also increase. The project could alter existing localized circulation patterns during construction, and operation. This will be evaluated in the EIR. Project trip generation will also be included in the EIR. Existing parking and parking with the project will be evaluated in the EIR. Service and loading for the Nursing Facility will be through the SFGH tunnel system, and will be described in the EIR. The EIR will analyze the localized transportation effects of the project including potential effects on Muni service, traffic and parking. The project in relation to the TSM (transportation systems management) component of the SFGH Institutional Master Plan will be discussed briefly. Project effects in relation to cumulative impacts will be discussed in the EIR.

5) Noise. Could the project:

*(a)	Increase substantially the ambient noise levels for adjoining areas?	X	___	X
(b)	Violate Title 24 Noise Insulation Standards, if applicable?	___	X	X
(c)	Be substantially impacted by existing noise levels?	___	X	X

Demolition, excavation, and construction would temporarily increase noise in the site vicinity. There would be no pile driving. Project construction noise and its possible effects on sensitive receptors will be addressed in the EIR.

The noise environment of the site, like most of San Francisco, is dominated by vehicular traffic noise. The Environmental Protection Element of the Master Plan indicated a day-night average noise level (Ldn) of 75 dBA on Potrero Avenue adjacent to the site and 80 dBA on U.S. 101, the James Lick freeway east of the SFGH campus in 1974./1,2/ Noise measurements were also taken by acoustical engineers, in the project area in 1987./3/ Trucks on Hwy 101 were found to generate maximum sound levels of about 75 dBA. On Potrero Avenue, maximum noise levels were also found to be about 75 dBA; maximum noise was generated by trucks, motorcycles and aircraft flyovers. In the area for a proposed outdoor courtyard of the project, the average sound level is predicted by the acoustical engineers to be about 68 dBA.

The Environmental Protection Element contains guidelines for determining the compatibility of various land uses with different noise environments. For hospital uses, the guidelines recommend no special noise control measures in an exterior noise environment up to an Ldn of 65 dBA. For noise levels from between 60 and 65 dBA to 70 dBA, the guidelines recommend that new construction or development should be undertaken only after a detailed analysis of the noise reduction requirements is made and needed noise insulation features included in the design. For areas where noise levels are above 65 dBA the guidelines recommend that new construction or development should not generally be undertaken. It should be noted that U.S. 101 where the higher ambient noise level was measured is not in most places directly adjacent to the site, and in between there is an area of mature trees which serves, to some extent as a noise buffer.

A preliminary noise analysis has been prepared for the project, including recommendations, and a detailed final noise analysis will be done based on final project plans./6/ Noise insulation features would be included as part of the design of the nursing facility, to reduce interior noise to a maximum hourly average level of 40 dBA; noise reduction features would include, for example, use of sound-rated windows and facade materials. The applicant is working with Caltrans to have a barrier built between the facility and the freeway to reduce noise levels in the project courtyard to a maximum of about 60 dBA./5/ While ambient noise levels are relatively high, the nursing facility would be built on the grounds of an existing hospital, to current noise standards, and noise reduction features would be included in the design.

Project operation would not result in perceptibly greater noise levels than those existing in the area. The amount of traffic generated by the project during any hour of the day would cause traffic noise levels to increase by one dBA or less. To produce a noticeable increase in environmental noise, a doubling of existing traffic volumes would be required; traffic increases of this magnitude would not occur with anticipated cumulative development including the project./4//5/

The San Francisco Noise Ordinance, San Francisco Police Code Section 2909, "Fixed Source Noise Levels," regulates mechanical equipment noise. The project site is within a P district and surrounding development is in primarily residential districts, including RH-2,RH-3, RM-1 and 24th-Mission NCD. In these districts, the ordinance limits equipment noise levels at the property line, of the property affected, to 55 dBA (RH-2, RH-3), 60 dBA ((RM-1), and 70dBA (24th-Mission NCD) between 7a.m. and 10p.m. and 50dBA (RH-2, RH-3), 55 dBA (RM-1), and 60 dBA (NCD) between the hours of 10 p.m. and

7 a.m. During lulls in traffic, mechanical equipment generating 70 dBA could dominate the noise environment at the site. The project engineer and architect would include design features in the Nursing Facility buildings to limit mechanical equipment noise levels to 60 dBA./5/ Actual noise from the project's mechanical system is unknown at this time, as the system is in preliminary design stages. However, As equipment noise would be limited to 60 dBA by the project sponsor, it would not be perceptible to most persons above the ambient noise levels in the project area. Operational noise requires no further analysis and will not be included in the EIR.

FOOTNOTES

/1/ The Environmental Protection Element of the San Francisco Master Plan, Department of City Planning, City and County of San Francisco.

/2/ dBA is a measure of sound in units of decibels (dB). The "A" denotes the A-weighted scale, which simulates the response of the human ear to various frequencies of sound.

Ldn, the day-night average noise level, is a noise measurement based on human reaction to cumulative noise exposure over a 24-hour period, taking into account the greater annoyance of nighttime noises; noise between 10 p.m. and 7 a.m. is weighted 10 dBA higher than daytime noise.

/3/ Noise measurements were taken at about 4:15 p.m., Thursday, May 7, 1987, by Charles Salter Associates, Consultants in Acoustics.

/4/ See Downtown Plan EIR, Vol. 1, Continuous Section IV.E. generally and Section IV.J., pp. IV.J.8-18. Increases of 1 dBA or less in environmental noise are not noticeable by most people outside a laboratory situation (National Academy of Sciences, Highway Research Board, Research Report No. 117 (1971)). (See also FHWA Highway Traffic Noise Prediction Model, Report #FHWA-RD-77-108, December 1978, p.8, regarding doubling of traffic volumes producing increases of 3 dBA or more, which are noticed by most people.)

/5/Information in this section regarding site vicinity measurements and noise insulation features included in the project design is from Charles Salter, President, Charles Salter Associates, Consultants in Acoustics, telephone conversations, July 25, 1989 and August 1,1989.

6) Air Quality/Climate. Could the project:

	YES	NO	DISCUSSED
*(a) Violate any ambient air quality standard or contribute substantially to an existing or projected air quality violation?	___	X	X
*(b) Expose sensitive receptors to substantial pollutant concentrations?	___	X	X
(c) Permeate its vicinity with objectionable odors?	___	X	X
(d) Alter wind, moisture or temperature (including sun shading effects) so as to substantially affect public areas, or change the climate either in the community or region?	___	X	X

Construction activities would temporarily affect local air quality. Site clearance and construction activities would not involve burning of any materials and would not create objectionable odors. Grading and other construction activities would temporarily affect local air quality for about 24 months, causing temporary increases in particulate dust and other pollutants. Dust emission during excavation would increase particulate concentrations near the site. Dustfall can be expected at times on surfaces within 200 to 800 ft. Under high winds exceeding 12 miles per hour, localized effects including human discomfort might occur downwind from blowing dust. Construction dust is composed primarily of large particles that settle out of the atmosphere more rapidly with increasing distance from the source. More of a nuisance than a hazard for most people, this dust could affect persons with respiratory diseases, as well as sensitive electronics or communications equipment.

The project sponsor would require the contractor to wet down the construction site twice a day during construction to reduce particulates by at least 50%. (See p.18)

Deisel-powered equipment would emit, in decreasing order by weight, nitrogen oxides, carbon monoxide, sulfur oxides, hydrocarbons, and particulates. This would increase local concentrations temporarily but would not be expected to increase the frequency of violations of air quality standards. The project sponsor would require the general contractor to maintain and operate construction equipment so as to minimize exhaust emissions of TSP and other pollutants by such means as minimization of idling of motors when equipment is not in use or trucks are waiting in queues, and implementation of specific maintenance programs (to reduce emissions) for equipment that would be in frequent use for much of a construction period.

The site includes serpentine rock, a source of naturally-occurring asbestos. During project construction, the project sponsor would have the contractor, under the supervision of the San Francisco Department of Health, implement measures to control airborne serpentine if control is determined to be necessary by the Health Department based on preliminary analysis of the rock, to avoid a potential hazard to construction workers and persons in the area. The contractor will conform to federal, state, and local regulations regarding natural asbestos removal.(See Mitigation Measure on p. 18)

Construction air quality effects require no further analysis and will not be included in the EIR.

The Bay Area Air Quality Management District (BAAQMD) has established thresholds for projects requiring its review for potential air quality impacts. These thresholds are based on the minimum size projects which the District considers capable of producing air quality problems. The project would not exceed this minimum standard. Therefore, no significant air quality impacts would be generated by the proposal.

Because development would not exceed 40 ft. in height, the project would not be subject to the requirements of Section 295 of the City Planning Code, implementing the sunlight ordinance. Similarly, due to this relatively low height of development the project would not be expected to have potentially significant wind impacts. Therefore, shadow and wind require no further analysis.

	YES	NO	DISCUSSED
7) Utilities/Public Services. Could the project:			
*(a) Breach published national, state or local standards relating to solid waste or litter control?	___	X	___
*(b) Extend a sewer trunk line with capacity to serve new development?	___	X	X
(c) Substantially increase demand for schools, recreation or other public facilities?	___	X	X
(d) Require major expansion of power, water, or communications facilities?	___	X	X

The proposed project would increase demand for and use of public services and utilities on the site and increase water and energy consumption, but not in excess of amounts expected and provided for in this area. Providers of necessary public services were contacted regarding the proposed project, and have indicated their ability to service the project. (Copies of memoranda of phone conversations with service providers are available for review at the Department of City Planning, 450 McAllister Street, San Francisco.)

8) Biology. Could the project:			
*(a) Substantially affect a rare or endangered species of animal or plant or the habitat of the species?	___	X	___
*(b) Substantially diminish habitat for fish, wildlife or plants, or interfere substantially with the movement of any resident or migratory fish or wildlife species?		X	___
(c) Require removal of substantial numbers of mature, scenic trees?	X	___	X

There are a number of mature trees on the site, some of which would be removed for construction of the skilled nursing facility. The project would include landscaping and open space, primarily in a central court. The type of trees on the site, number to be removed and replacement landscaping with the project will be discussed in the EIR. The disposition of any affected trees on the part of the site now under the jurisdiction of the Recreation and Park Department will be included in this discussion.

9) Geology/Topography. Could the project:			
*(a) Expose people or structures to major geologic hazards (slides, subsidence, erosion and liquefaction).	___	X	X
(b) Change substantially the topography or any unique geologic or physical features of the site?	___	X	X

The project site is at 65 to 115 ft., San Francisco City Datum (SFD)./1/ Soils at the site are composed of one to four feet of clayey colluvial soil overlying serpentinite in the eastern portion of the site. The greater thickness of soil toward the west and southwest consists of stiff sandy clay and dense clayey sands, collectively classified as undifferentiated Quaternary

deposits./2/ The site slopes downward from the northeast (Hwy 101) to the west/southwest (Potrero Avenue). Groundwater was encountered, at one test location only, at a depth of 20.7 feet. Groundwater across the site is expected to be encountered at, or just above, the bedrock surface./2/

Excavation for the project foundation would be conducted to a depth of about 70 feet SFD requiring up to about 12 feet of excavation below existing ground surface for the skilled nursing facility and about 16 feet for the utilities tunnel. A foundation consisting of drilled caissons supported in bedrock is proposed.

Dewatering could be required during excavation. Dewatering would not be expected to have the potential to cause settlement because of the distance of the closest structures to the site. (The closest structures are hospital buildings about 100 feet to the south of the site.)/3/

Pit walls would be shored up to prevent lateral movement during excavation. The project sponsor would follow the recommendations of the final soils report, including implementation of measures to ensure against potential landsliding during the construction period. The building contractor must comply with the San Francisco Building Code and the Excavation Standards of the California Occupational Safety and Health Agency.

The closest active faults to San Francisco are the San Andreas Fault, about nine miles southwest of downtown San Francisco, and the Hayward and Calaveras Faults, about 15 and 30 miles east of Downtown, respectively. The project area would experience Strong (Intensity Level D, general but not universal fall of brick chimneys, cracks in masonry and brick work) groundshaking during a major earthquake./4/ The building would be required to meet current seismic engineering standards of the San Francisco Building Code. (See Mitigation Measures , p. 18 for the project's emergency response plan.) The site is not within an area of liquefaction or subsidence. It is not within an area of potential tsunami or seiche flooding.

The site is within a landslide hazard area as mapped by the Department of Public Works, for areas of the City in which landslides have been known to have occurred. The project sponsor has provided a geotechnical investigation report that is on file with the Department of City Planning and available for public review as part of the project file./2/ Its recommendations include, but are not limited to, the following actions: 1) Brace or slope exavations at least in accordance with OSHA requirements, 2) Avoid unsupported excavations during wet weather, 3) Brace all excavations where existing or planned construction upslope could be affected, including the Highway 101 fills, and 4) Where excavations are unbraced, slope the excavations no steeper than 1/2:1 (horizontal:vertical) in competent rock, and 1:1 in soil or deeply weathered rock. Where the rock contains adversely oriented planes, flatten the slope to the angle of those planes, as determined by a qualified engineering geologist. Other recommendatations encompass foundations, retaining and tunnel walls, slab on-grade floors, fill and drainage. The geotechnical report found the site suitable for development providing that the recommendations included in the report, were incorporated into the design and construction of the proposed development. The sponsor has agreed to follow the recommendations of the report in constructing the project.

The final building plans would be reviewed by the Bureau of Building Inspection (BBI). In reviewing building plans, the BBI refers to a variety of information sources to determine existing hazards and assess requirements for mitigation. Sources reviewed include maps of Special Geologic Study Areas and known landslide areas in San Francisco as well as the building inspectors' working knowledge of areas of special geologic concern. The above referenced geotechnical investigation would be available for use by the BBI during its review of building permits for the site. Also, BBI could require that additional site-specific soils report(s) be prepared in conjunction with permit applications, as needed.

The project would not have a substantial effect on geology, topography or hydrology, and these topics will not be discussed in the EIR.

Notes-Geology/Topography

/1/ San Francisco City Datum establishes the City's "0" point for surveying purposes at approximately 8.6 feet above mean sea level.

/2/ Harding Lawson Associates, Soil and Geologic Hazards Investigation, San Francisco General Hospital Mental Health Skilled Nursing Center, San Francisco, California, October 30, 1987.

J. Schlocker, Geology of San Francisco North Quadrangle, California, U.S. Geological Survey Professional Paper 782, U.S. Government Printing Office, Washington, D.C., 1974, plate 1 (scale 1:24,000), Table 11 (pages 96-99), and accompanying text.

/3/ Marianne Miller, Kaplan McLaughlin Diaz, Architects, telephone conversation, July 24, 1989.

/4/ URS/John A. Blume and Associates, San Francisco Seismic Safety Investigation, 1974. Groundshaking intensities that would result from a major earthquake were projected and classified on a five-point scale ranging from E (Weak) through A (Very Violent).

	YES	NO	DISCUSSED
10) Water. Could the project:			
*(a) Substantially degrade water quality, or contaminate a public water supply?	___	X	___
*(b) Substantially degrade or deplete ground water resources, or interfere substantially with ground water recharge?	___	X	X
*(c) Cause substantial flooding, erosion or siltation?	___	X	X

The site is currently mostly covered with impervious surfaces. The project would cover the site with buildings and landscaped open area. Drainage patterns could change from those with the existing parking lot, and could be improved. Site runoff would drain into the City's combined sanitary and storm drainage system. Action to prevent sediment from entering storm sewers during the construction period is proposed as part of the project (see discussion under Geology, above).

	YES	NO	DISCUSSED
11) Energy/Natural Resources. Could the project:			
*(a) Encourage activities which result in the use of large amounts of fuel, water, or energy, or use these in a wasteful manner?	___	X	X
(b) Have a substantial effect on the potential use, extraction, or depletion of a natural resource?	___	X	X

Annual energy consumption by the existing parking lot on the Mental Health Facility site is about 13,140 kWh of electricity, equal to about 1.34 billion Btu at the source, for night lighting./1,2,3/ No natural gas is consumed on the site.

For development of the project, fabrication and transportation of building materials, worker transportation, site development, and building construction would require about 150 billion Btu/2/ of gasoline, diesel fuel, natural gas, and electricty./4/ Distributed over the estimated 50-year life of the project, this would be about 3 billion Btu per year for the project.

New buildings in San Francisco are required to conform to energy conservation standards specified by Title 24 of the California Code of Regulations. Hospitals, such as the Mental Health Facility, are exempt from these standards and can be energy-intensive uses. Title 22, Division 5, of the California Administrative Code regarding Licensing and Certification of Health Facilities and Referral Agencies regulates skilled nursing facilities and requires design features which are energy intensive compared to residences or office uses. Such requirements include, for example, additional fresh air; a greater number of zones of control, with separate conditioning demands, based on type of activity; a greater need for hot water; more intensive plumbing; and higher room temperatures. The project would be constructed to state-of-the-art standards so as to be energy efficient, and would not, therefore, use energy in a wasteful manner.

The estimated operational energy which would be used by the project includes a project demand for electricity during PG&E's peak electrical load periods, July and August afternoons, of about 835 kW, an estimated 0.005% of PG&E's peak load of 16,000 MW./5/ Project demand for natural gas during PG&E's peak natural gas load periods, January mornings, would be about 77 million Btu per day or about 0.02% of PG&E's peak load of about 3.7 billion Btu per day./5/ Annual and peak daily electricity and natural gas consumption are shown in Figures 1 and 2, pp. 14 and 15.

A 45 KW deisel generator would be requred for the project. It would operate only under loss of normal power, except for required testing which would include operation under full load conditions for 30 minutes, every 14 days.

Increased San Francisco energy demands to the year 2000 would be met by Pacific Gas and Electric Company from nuclear sources, oil, gas , hydroelectric and geothermal facilities, wind, cogeneration and solid waste./6/ PG&E plans to continue receiving most of its natural gas from Canada and Texas under long-term contracts.

Project-related transportation would cause additional, off-site energy consumption.

This topic, energy impacts, requires no further analysis and will not be discussed in the EIR.

FOOTNOTES - Energy

/1/ Existing energy use is based on PG&E customer billings for 1984; at-source thermal energy, given in British thermal units (Btu), is based on information received from PG&E, Technical Service Department, May 10, 1984.

/2/ The British thermal unit (Btu) is the quantity of heat required to raise the temperature of one pound of water one degree Fahrenheit at sea level. The term "at-source" means that adjustments have been made in the calculation of the thermal energy equivalent (Btu) for losses in energy that occur during generation, transmission, and distribution of the various energy forms as specified in: ERCDC, 1977, Energy Conservation Design Manual for New Non-Residential Buildings, Energy Conservation and Development Commission, Sacramento, California, and Apostolos, J. A., W. R. Shoemaker, and E. C. Shirley, 1978, Energy and Transportation Systems, California Department of Transportation, Sacramento, California, Project #20-7, Task 8. All references to Btu in this report are at-source values.

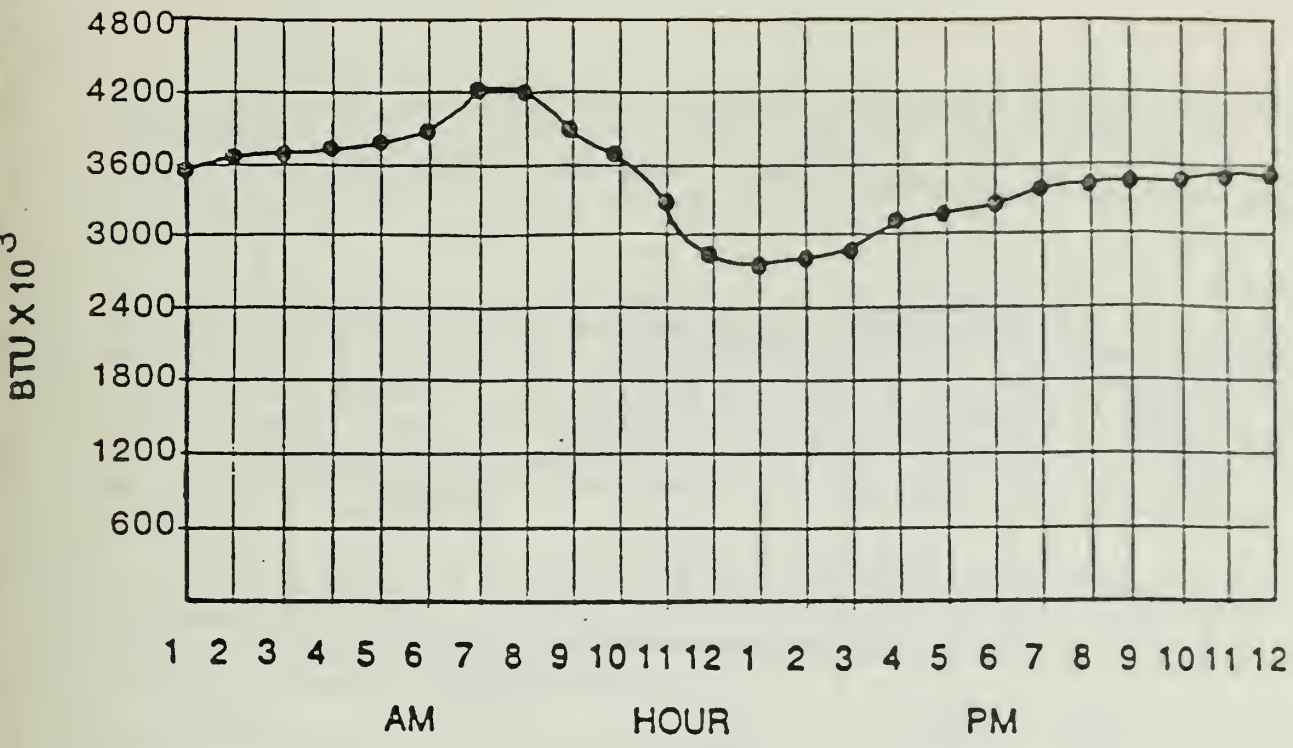
/3/ Energy Conversion Factors:
one gallon gasoline = 125,000 Btu
one kilowatt (kw) = 10,239 Btu assuming operational efficiency of 33%
one therm = 100,000 Btu
one cu. ft. of natural gas = 1,100 Btu at source
one barrel of oil = 5,600,000 Btu
one gallon diesel = 138,700 Btu

/4/ Hannon, B. et al, 1978, "Energy and Labor in the Construction Sector," Science 202:837-847.

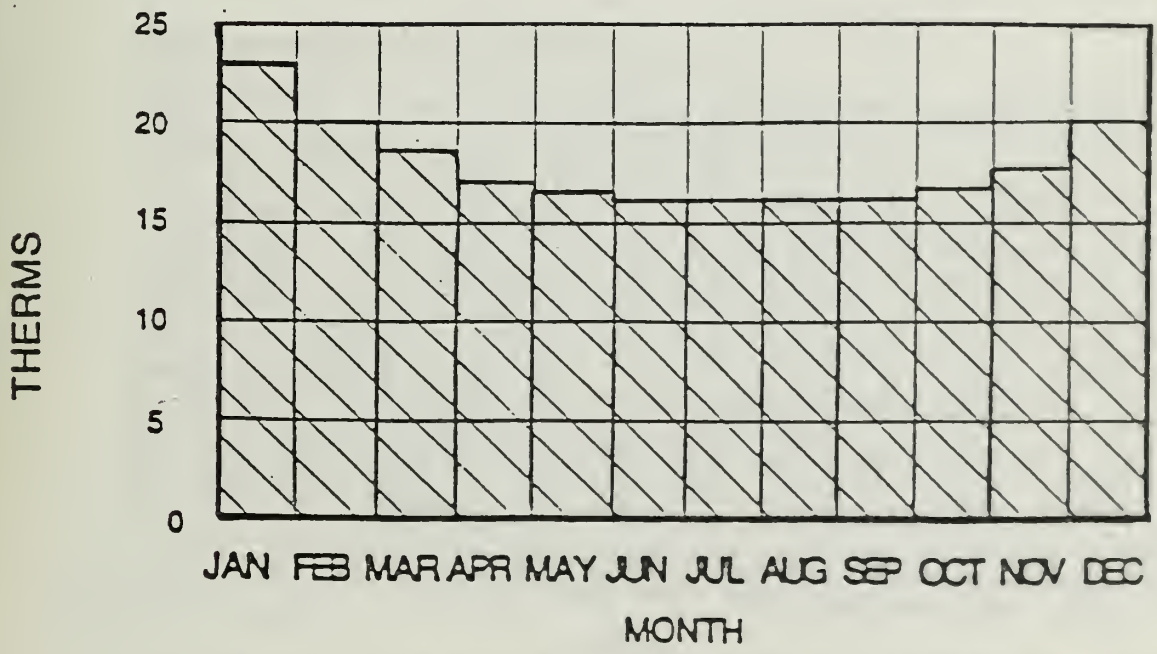
/5/ San Francisco Department of City Planning, Downtown Plan Environmental Impact Report (EIR), EE81.3, certified October 18, 1984, Vol. 1, page IV.G.3.

/6/ PG&E Annual Report, San Francisco, CA, 1982.

	YES	NO	DISCUSSED
12) Hazards. Could the project:			
*(a) Create a potential public health hazard or involve the use, production or disposal of materials which pose a hazard to people or animal or plant populations in the area affected?	___	X	X
*(b) Interfere with emergency response plans or emergency evacuation plans?	___	X	X
(c) Create a potentially substantial fire hazard?	___	X	X



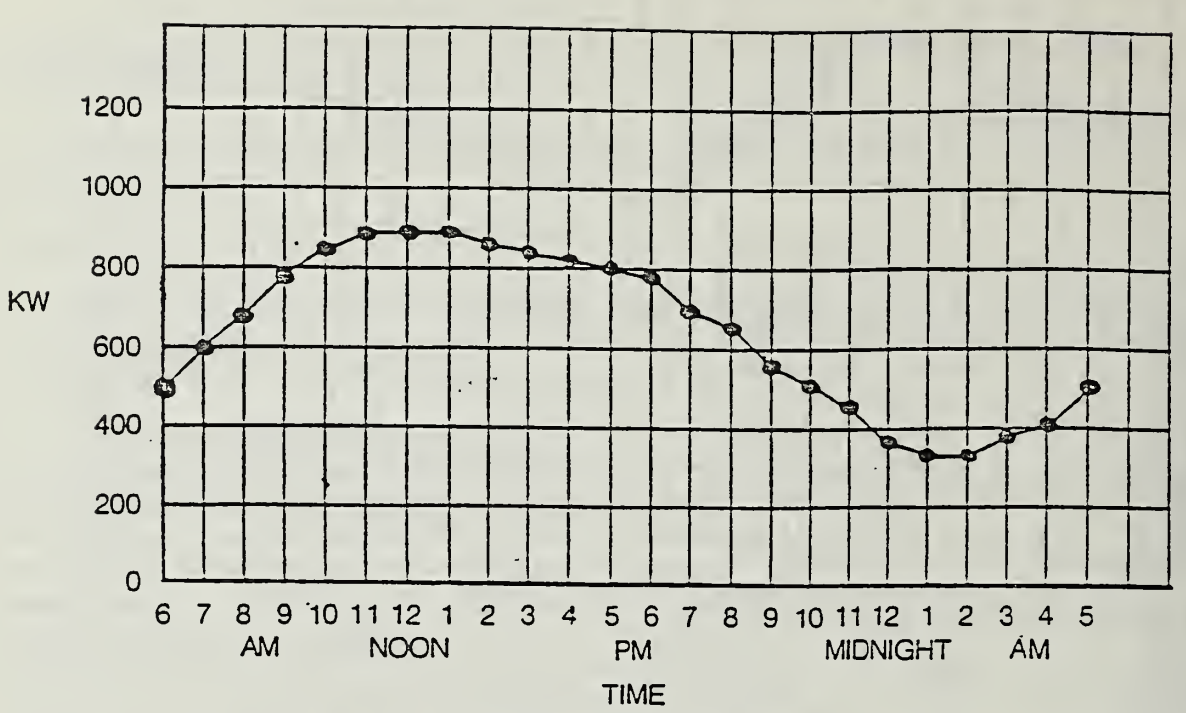
AVERAGE
PEAK DAY NATURAL GAS LOAD DISTRIBUTION (JAN. 1ST)



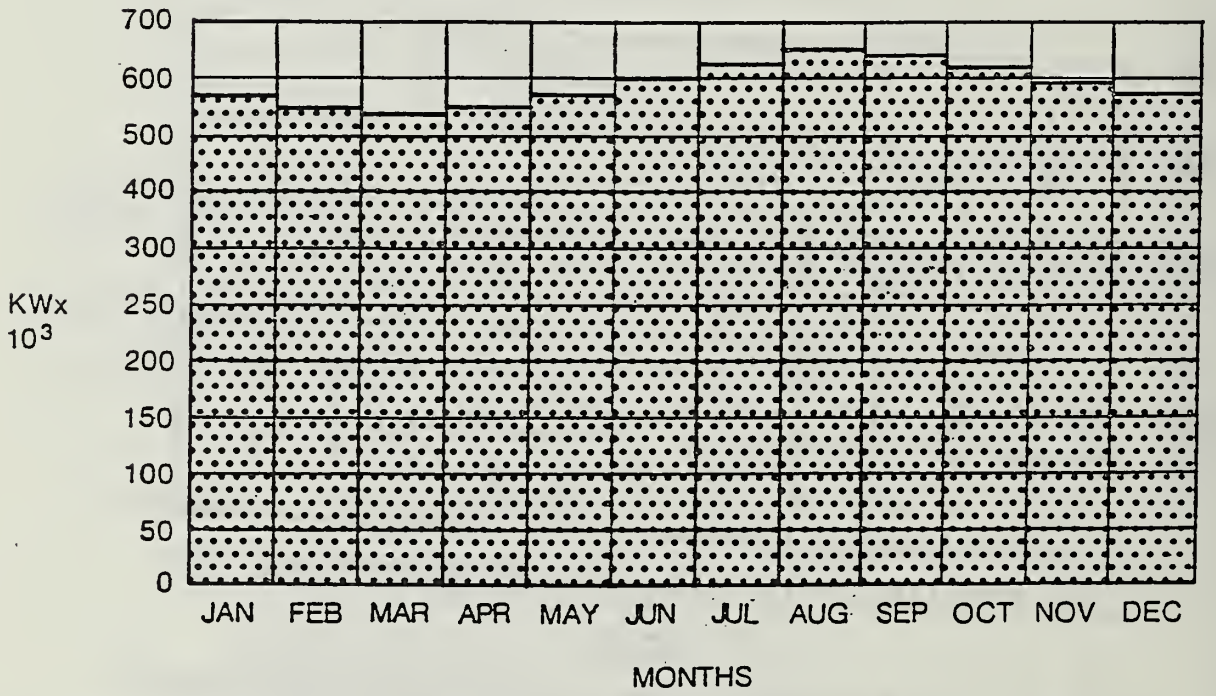
ANNUAL NATURAL GAS LOAD DISTRIBUTION

FIGURE 1
NATURAL GAS PEAK DAY AND
ANNUAL GAS LOAD DISTRIBUTION

SOURCE: JYA CONSULTING ENGINEERS, INC.



PEAK DAY ELECTRICAL DEMAND BY HOUR (AUGUST)



ANNUAL CONSUMPTION OF ELECTRICITY BY MONTH

FIGURE 2

ELECTRICITY-PEAK DAY DEMAND AND ANNUAL CONSUMPTION

SOURCE: SILVERMAN AND LIGHT, ELECTRICAL ENGINEERS

The project would be a hospital-related use. All wastes would be disposed of in accordance with applicable state, local and SFGH regulations, as they are for the whole SFGH campus. Therefore, the project would not create a potential public health hazard through the production or disposal of harmful materials.

The project would increase the population on the site, which is now a surface parking lot, and the skilled nursing facility would operate 24 hours a day. An individual evacuation plan would be developed as part of the proposed project. The project's plan would be coordinated with the San Francisco General Hospital Mass Casualty Plan. This plan was revised in November 1986 and is reviewed annually. It identifies response protocols to be followed in the event of an emergency. This topic , hazards, requires no further discussion in the EIR.

The increased number of persons using the site would not substantially increase the fire hazard at the site as the project would be required to conform to the Life Safety provisions of the San Francisco Building Code and Title 24 of the State Building Code.

The project would consolidate treatment of San Francisco patients who are now treated in older facilities on the SFGH campus and in other Bay Area facilities at the expense of the City and County of San Francisco. The project would construct a modern, secure facility, in which there would be less chance of patients endangering themselves or others,compared to the older existing facilities.

	YES	NO	DISCUSSED
13) Cultural. Could the project:			
*(a) Disrupt or adversely affect a prehistoric or historic archaeological site or a property of historic or cultural significance to a community or ethnic or social group; or a paleontological site except as a part of a scientific study?	X	___	X
(b) Conflict with established recreational, educational, religious or scientific uses of the area?	___	X	X
(c) Conflict with the preservation of buildings subject to the provisions of Article 10 or Article 11 of the City Planning Code?	___	X	___

It is not known whether there is potential for a possibly significant archaeolocal find. Archival research is in progress, and its results will be included in the EIR

C. OTHER

Require approval and/or permits from City Departments other than Department of City Planning or Bureau of Building Inspection, or from Regional, State or Federal Agencies?	___	X	___

	YES	NO	DISCUSSED
D. MITIGATION MEASURES			
1) If any significant effects have been identified, are there ways to mitigate them?	X	___	___
2) Are all mitigation measures identified above included in	X	___	___

For informational purposes, the following provides a summary of features included in the project which would reduce to a level of insignificance, or eliminate, potential project geotechnical impacts.

Geology, Topography, Hydrology

- A preliminary geotechnical investigation/report has been prepared for the project; it is on file with the Department of City Planning and available for public review as part of the project file./2/ The project sponsor would follow the recommendations of the final report during the final design, excavation and construction of the project. These recommendations include, but are not limited to, the following actions: 1) Brace or slope exavations at least in accordance with OSHA requirements, 2) Avoid unsupported excavations during wet weather, 3) Brace all excavations where existing or planned construction upslope could be affected, including the Highway 101 fills, and 4) Where excavations are unbraced, slope the excavations no steeper than 1/2:1 (horizontal:vertical) in competent rock, and 1:1 in soil or deeply weathered rock. Where the rock contains adversely oriented planes, flatten the slope to the angle of those planes, as determined by a qualified engineering geologist. Other recommendatations encompass foundations, retaining and tunnel walls, slab on-grade floors, fill and drainage. The geotechnical report found the site suitable for development providing that the recommendations included in the report, were incorporated into the design and construction of the proposed development. The sponsor has agreed to follow the recommendations of the report in constructing the project.

  If dewatering were required, groundwater pumped from the site would be retained in a holding tank to allow suspended particles to settle, if this is found necessary by the Industrial Waste Division of the Department of Public Works, to reduce the amount of sediment entering the storm drain/sewer lines.

  If dewatering were necessary, the final soils report would address the potential settlement and subsidence impacts, if any, of this dewatering. Based upon this discussion, the soils report would contain a determination as to whether or not a lateral and settlement survey should be done to monitor any movement or settlement of surrounding buildings and adjacent streets. If a monitoring survey is recommended, the Department of Public Works would require that a Special Inspector (as defined in Article 3 of the Building Code) be retained by the project sponsor to perform this monitoring. Groundwater observation wells would be installed to monitor potential settlement and subsidence. If, in the judgment of the Special Inspector, unacceptable subsidence were to occur during construction, groundwater recharge would be used to halt this settlement. The project sponsor would delay construction if necessary. Cost for the survey and

any necessary repairs to service under the street would be borne by the project sponsor. If dewatering were necessary, the groundwater level in the site vicinity would be monitored, if recommended in the final soils report.

Water Quality

- If dewatering were necessary, groundwater pumped from the site would be retained in a holding tank to allow suspended particles to settle, if this is found necessary by the Industrial Waste Division of the Department of Public Works, to reduce the amount of sediment entering the storm drain/sewer lines.

The following are mitigation measures related to topics determined to require no further analysis in the EIR. The EIR will contain a mitigation chapter describing these measures and also including other measures which would be, or bould be, adopted to reduce potential adverse effects of the project identified in the EIR.

Construction Air Quality

- Sprinkle unpaved construction areas with water at least twice per day to reduce dust generation by about 50%; cover stockpiles of soil, sand, and other materials; cover trucks hauling debris, soils, sand or other such material; and sweep streets surrounding demolition and construction sites at least once per day to reduce total suspended particulates (TSP) emissions.

- The project sponsor, under the supervision of the San Francisco Department of Public Health, would have the site analyzed to determine levels of naturally-occuring asbestos in rock. During project construction, the project sponsor would have the contractor, under the supervision of the Department of Public Health, implement measures to control airborne serpentine if control is determined to be necessary by the Health Department based on the preliminary analysis of the rock. The contractor would conform to all federal, state, and local regulations regarding natural asbestos removal.

Hazards

An individual evacuation plan would be developed as part of the proposed project. The project's plan would be coordinated with the San Francisco General Hospital Mass Casualty Plan, which identifies response protocols to be followed in the event of an emergency.

	YES	NO	DISCUSSED
E. MANDATORY FINDINGS OF SIGNIFICANCE			
*1) Does the project have the potential to degrade the quality of the environment, substantially reduce the habitat of a fish or wildlife species, cause a fish or wildlife population to drop below self-sustaining levels, threaten to			

	YES	NO	DISCUSSED
eliminate a plant or animal community, reduce the number or restrict the range of a rare or endangered plant or animal, or eliminate important examples of the major periods of California history or pre-history?	X		
*2) Does the project have the potential to achieve short-term, to the disadvantage of long-term, environmental goals?	X		
*3) Does the project have possible environmental effects which are individually limited, but cumulatively considerable? (Analyze in the light of past projects, other current projects, and probable future projects.)	X		
*4) Would the project cause substantial adverse effects on human beings, either directly or indirectly?		X	

F. ON THE BASIS OF THIS INITIAL STUDY

____ I find the proposed project COULD NOT have a significant effect on the environment, and a NEGATIVE DECLARATION will be prepared by the Department of City Planning.

____ I find that although the proposed project could have a significant effect on the environment, there WILL NOT be a significant effect in this case because the mitigation measures, numbers _____, in the discussion have been included as part of the proposed project. A NEGATIVE DECLARATION will be prepared.

X I find that the proposed project MAY have a significant effect on the environment, and an ENVIRONMENTAL IMPACT REPORT is required.

Barbara W. Sahm

BARBARA W. SAHM
Environmental Review Officer
for

DEAN L. MACRIS
Director of Planning

DATE: August 11, 1969

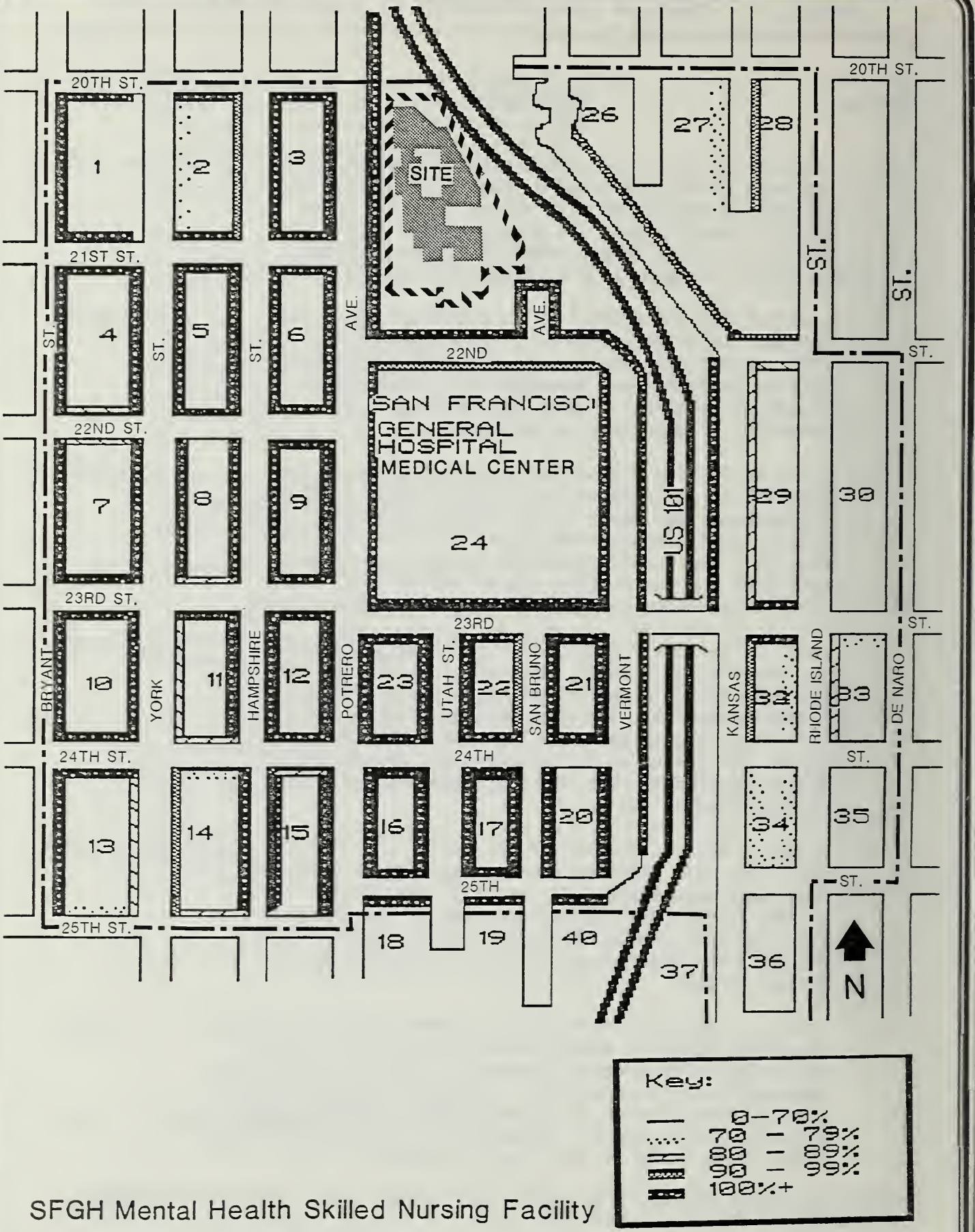
CFR:60

APPENDIX B. VEHICULAR LEVELS OF SERVICE AT SIGNALIZED INTERSECTIONS

Level of Service	Description	Volume/Capacity (v/c) Ratio[a]
A.	Level of Service A describes a condition where the approach to an intersection appears quite open and turning movements are made easily. Little or no delay is experienced. No vehicles wait longer than one red traffic signal indication. The traffic operation can generally be described as excellent.	less than 0.60
B.	Level of Service B describes a condition where the approach to an intersection is occasionally fully utilized and some delays may be encountered. Many drivers begin to feel somewhat restricted within groups of vehicles. The traffic operation can generally be described as very good.	0.61-0.70
C.	Level of Service C describes a condition where the approach to an intersection is often fully utilized and back-ups may occur behind turning vehicles. Most drivers feel somewhat restricted, but not objectionably so. The driver occasionally may have to wait more than one red traffic signal indication. The traffic operation can generally be described as good.	0.71-0.80
D.	Level of Service D describes a condition of increasing restriction causing substantial delays and queues of vehicles on approaches to the intersection during short times within the peak period. However, there are enough signal cycles with lower demand such that queues are periodically cleared, thus preventing excessive back-ups. The traffic operation can generally be described as fair.	0.81-0.90
E.	Capacity occurs at Level of Service of E. It represents the most vehicles that any particular intersection can accommodate. At capacity there may be long queues of vehicles waiting upstream of the intersection and vehicles may be delayed up to several signal cycles. The traffic operation can generally be described as poor.	0.91-1.00
F.	Level of Service F represents a jammed condition. Back-ups from locations downstream or on the cross street may restrict or prevent movement of vehicles out of the approach under consideration. Hence, volumes of vehicles passing through the intersection vary from signal cycle to signal cycle. Because of the jammed condition, this volume would be less than capacity.	1.01+

SOURCE: San Francisco Department of Public Works, Traffic Division Bureau of Engineering from Highway Capacity Manual, Highway Research Board, 1965.

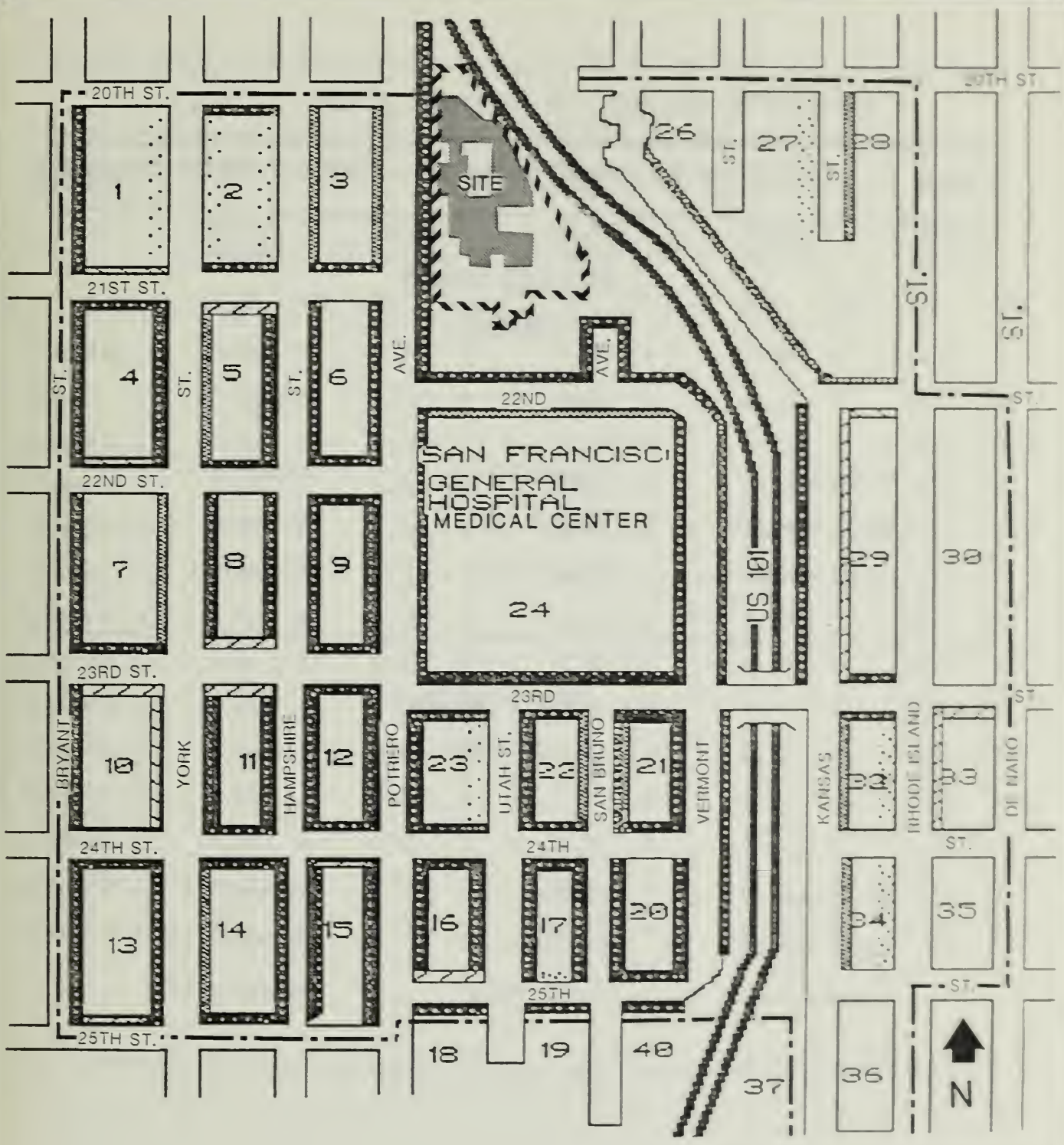
[a] Capacity is defined as a Level of Service E.



SFGH Mental Health Skilled Nursing Facility

Figure 25. On-Street Parking Occupancy - 1 PM

SOURCE: Dowling Transportation Engineering and Bendix Environmental Research Inc.



SFGH Mental Health Skilled Nursing Facility

Figure 26. On-Street Parking Occupancy - 4 PM

SOURCE: Dowling Transportation Engineering and Bendix Environmental Research Inc.

Table 9: INTERSECTION AND PARKING CUMULATIVE ANALYSES SCENARIOS CONSIDERED

No Permit Parking

TSM LEVEL

	Low	High
No Garage	Scenario 1	Scenario 2
Small Garage**	Scenario 3	Scenario 4
Large Garage**	Scenario 5	Scenario 6

Permit Parking

TSM LEVEL

	Low	High
No Garage	Scenario 7	Scenario 8
Small Garage**	Scenario 9	Scenario 10
Large Garage**	Scenario 11	Scenario 12

* 1995 Conditions with the project.

** Includes 200 space Gladstone Foundation garage.

Source: Bendix Environmental Research, Inc.

Table 10: TRAFFIC CONDITIONS AT SIGNALIZED INTERSECTIONS

Scenario[a]	Intersection									
	21st/ Potrero		22nd/ Potrero-WB		22nd/ Potrero-EB		23rd/ Potrero		24th/ Potrero	
	V/C[b]	LOS[c]	V/C	LOS	V/C	LOS	V/C	LOS	V/C	LOS
Existing	0.43	A	0.56	A	0.48	A	0.68	B	0.60	A
1995	0.46	A	0.59	A	0.51	A	0.73	C	0.64	B
Scenario 1	0.46	A	0.60	A	0.52	A	0.75	C	0.64	B
Scenario 2	0.45	A	0.60	A	0.51	A	0.73	C	0.63	B
Scenario 3	0.45	A	0.56	A	0.50	A	0.78	C	0.73	C
Scenario 4	0.44	A	0.55	A	0.50	A	0.76	C	0.72	C
Scenario 5	0.45	A	0.56	A	0.50	A	0.78	C	0.73	C
Scenario 6	0.44	A	0.55	A	0.50	A	0.76	C	0.72	C
Scenario 7	0.45	A	0.60	A	0.51	A	0.73	C	0.64	B
Scenario 8	0.45	A	0.59	A	0.51	A	0.70	B	0.63	B
Scenario 9	0.45	A	0.61	B	0.51	A	0.79	C	0.74	C
Scenario 10	0.44	A	0.61	B	0.50	A	0.77	C	0.74	C
Scenario 11	0.44	A	0.56	A	0.50	A	0.82	D	0.77	C
Scenario 12	0.44	A	0.56	A	0.49	A	0.79	C	0.75	C

[a] See Table 14, page A-27, for description of scenarios.

[b] Volume to capacity ratio.

[c] Level of Service. See Appendix B, page A-22.

Table 11: TRAFFIC CONDITIONS AT UNSIGNALIZED INTERSECTIONS

Scenario[a]	Intersection						
	23rd\ UTAH	24th\ UTAH	23rd\ SAN BRUNO	24th\ SAN BRUNO	23rd\ VERMONT	24th\ VERMONT	23rd\ KANSAS
	LOS[b]	LOS	LOS	LOS	LOS	LOS	LOS
Existing	A	A	A	A	A	A	A
1995	A	A	A	A	A	A	A
Scenario 1	A	A	A	A	A	A	A
Scenario 2	A	A	A	A	A	A	A
Scenario 3	A	A	A	A	A	A	A
Scenario 4	A	A	A	A	A	A	A
Scenario 5	A	A	A	A	A	A	A
Scenario 6	A	A	A	A	A	A	A
Scenario 7	A	A	A	A	A	A	A
Scenario 8	A	A	A	A	A	A	A
Scenario 9	A	A	A	A	A	A	A
Scenario 10	A	A	A	A	A	A	A
Scenario 11	B	A	A	A	A	A	A
Scenario 12	A	A	A	A	A	A	A

[a] See Table 14, page A-27, for description of scenarios.

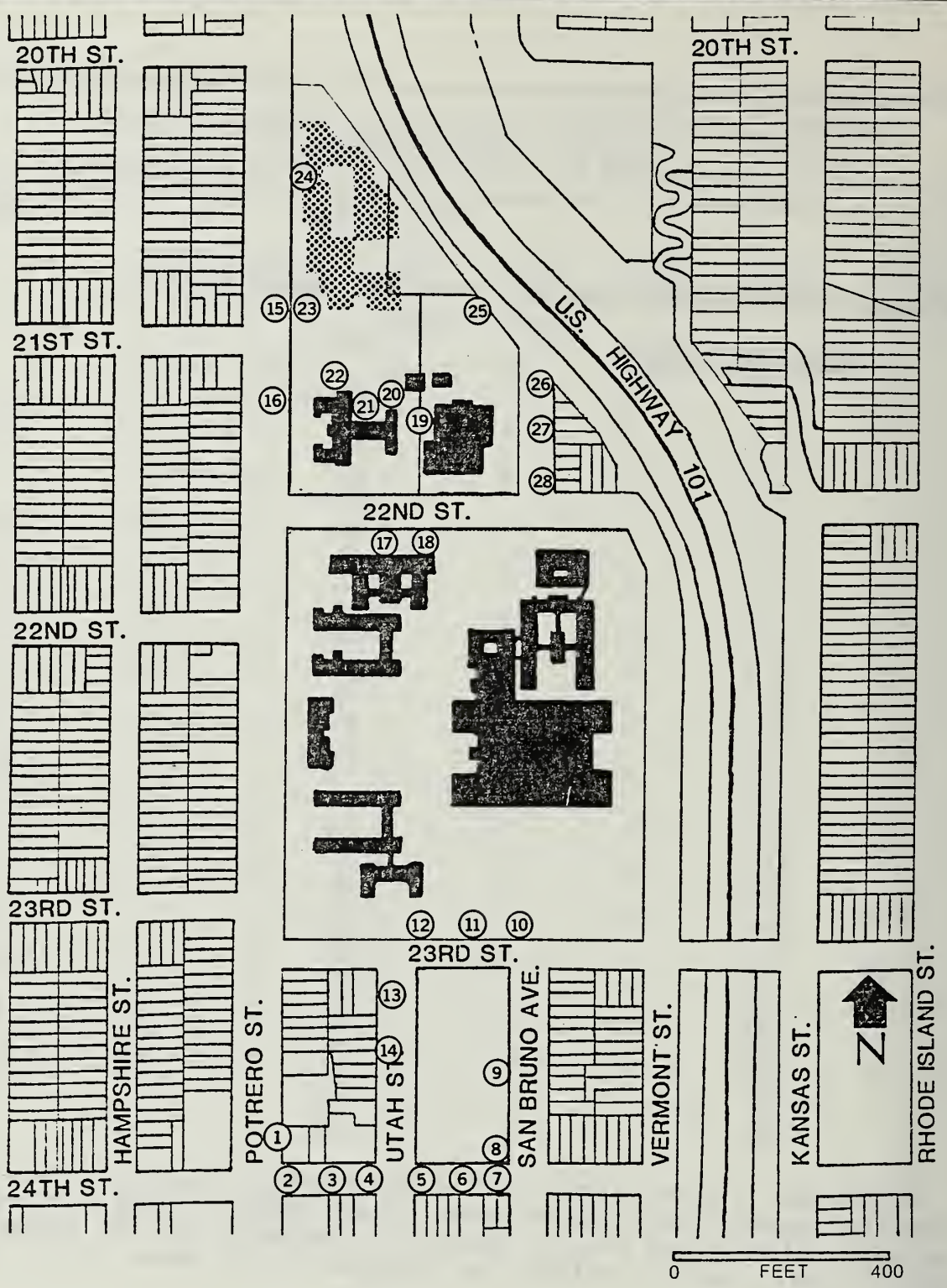
[b] Level of Service. See Appendix B, page A-22.

TABLE 12. NOISE MEASUREMENTS

See Figure 29 on following page for measurement locations.

Measurement Number	dBA[1]
1	75
2	77
3	65
4	63
5	63
6	64
7	59
8	60
9	55
10	64
11	66
12	64
13	65
14	55
15	70
16	72
17	60
18	62
19	60
20	66
21	61
22	62
23	61
24	65
25	66
26	65
27	62
28	63

[1] The decibel is a logarithmic unit of sound energy intensity. Sound waves, traveling outward from a source, exert a force known as sound pressure level (commonly called "sound level"), measured in decibels. The "A" denotes the A weighted scale, which simulates the response of the human ear to various frequencies of sound.


20TH ST.
21ST ST.
22ND ST.
23RD ST.
24TH ST.
HAMPSHIRE ST.
POTRERO ST.
UTAH ST.
SAN BRUNO AVE.
VERMONT ST.
KANSAS ST.
RHODE ISLAND ST.
U.S. HIGHWAY 101
N
0 FEET 400
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28
① = Location of Noise Measurements
Existing Medical Center Buildings
Proposed Mental Health Skilled Nursing Center

SFGH Mental Health Skilled Nursing Facility

Figure 27. Location of Noise Measurements

SOURCE: Bendix Environmental Research, Inc.

EIR AUTHORS AND PERSONS CONSULTED

EIR Authors

San Francisco Department of City Planning
Office of Environmental Review
450 McAllister Street
San Francisco, CA 94102
Environmental Review Officer: Barbara W. Sahm
EIR Coordinator: Carol Roos

EIR Consultants

Bendix Environmental Research, Inc.
1390 Market Street, Suite 418
San Francisco, CA 94102
Principal-in-Charge: Selina Bendix, Ph.D.
Project Manager: Tom Burton

Project Sponsors

Phyllis Harding
Project Director
Skilled Mental Health Nursing Facility
Department of Public Health
Division of Mental Health, Substance Abuse and Forensic Services
1380 Howard Street
San Francisco, CA 94103

Project Architects

Alex Bonutti
Marianne Miller
Kaplan McLaughlin Diaz
222 Vallejo Street
San Francisco, CA 94111

Antonia Bava
Project Landscape Architect
333 Bryant Street, Suite 240
San Francisco, CA 94107

EIR Ecological Consultant

Diane Renshaw
Consulting Ecologist
Box 606
Montara, CA 94037

EIR Historic and Cultural Resources Consultants

David Chavez
David Chavez and Associates
P.O. Box 52
Mill Valley, CA 94941

G. Bland Platt
G. Bland Platt Assosiates
362 Ewing Terrace
San Francisco, CA 94118

EIR Transportation Consultants

Richard G. Dowling, Ph.D., P.E.
Dowling Transportation Engineeering
180 Grand Avenue, Suite 995
Oakland, CA 94612

William Marconi, P.E.
101 Mountain Springs Avenue
San Francisco, CA 94114

EIR Hazardous Measurements

Lew Schalit, Ph.D.
Tach/Art
462 Douglass Street
San Francisco, CA 94114

Other Agencies and Persons Consulted

Ed Walera
Assistant Administrator of Parking and Security
San Francisco General Hospital

Captain Wright
SFGHMC Security
San Francisco General Hospital

Norman Karasick
City Architect
Mark Dorian
Project Manager
San Francisco Bureau of Architecture
Department of Public Works
City and County of San Francisco
45 Hyde Street, Room 300
San Francisco, CA.

Chief David McCarrel, Battalion 10
San Francisco Fire Department
San Francisco, CA

Sr. M. Petronilla Gaul and Sr. Mary Monica
Sisters of Mercy
Burlingame, CA.

Melvin Baker, Urban Forester,
Department of Public Works
San Francisco, CA

Stan Smith
San Francisco Building and Trades Council
San Francisco, CA